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SOCIAL SERVICE REVIEW

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December 1989 Volume 63 Number 4

Editorial

The enterprise of scholarly publication depends on trust. On the one hand, journals must assume good faith on the part of authors submitting articles. On the other hand, authors must assume that their submissions will be judged objectively, competently, and without the intrusion of particularistic considerations. In recent years, journals have come under increasing criticism as unquestioning defenders of the status quo, rejecting the work of imaginative reformers. At the same time, journals have become increasingly vulnerable to a number of abuses. The abuses include:

Outright fraud, usually in the form of fraudulent data.—Fraud in journal submissions has been detected in a number of fields. Although I am not aware of any case of fraudulent data submitted to a social work journal, the vulnerability is worrisome. Detection of fraudulent data is much more difficult in the social sciences than in other areas. We cannot be confident that fraudulent data have not appeared in the social welfare or social science literature.

Misrepresentation and misinterpretation of data.—This abuse occurs in social welfare and the social sciences with disturbing frequency. I include here the selective reporting of data in order to support preconceived notions. Sometimes it is obvious in a submission, but often detection requires a very detailed examination, one that often is not feasible in the course of routine evaluation of a submission.

Plagiarism.—Other fields have had to deal with plagiarism, and it is now a fact of life for social work publications. In recent years, several social work journals have received submissions containing material written by other individuals and presented without citation. In some cases the plagiarism has been discovered only after publication.

Multiple submissions and overlapping submissions.—These are lesser violations of the scholarly trust. "Multiple submissions" refers to the submission of an article to more than one journal at a time. The prohibition by most journals of multiple submissions is imposed in order to avoid wasting staff and volunteer reviewer time on an article that may be withdrawn and published elsewhere. "Overlapping submissions" refers to the submission to various journals—at the same time or sequentially—of articles arising out of the same research or dealing with similar themes. Although several different articles may

legitimately come out of a particular piece of research, authors sometimes slice their findings very thinly in order to maximize their publication counts. Journals must deal with this problem by insisting that the material they publish not overlap previously published material. The journals of the National Association of Social Workers have recently adopted rigorous policies concerning overlapping submissions.

Lack of good faith on the part of referees.—Of course, we assume that referees will respond to submissions in an unbiased way. Beyond that, reviewers occasionally violate the trust by making use of the content of manuscripts for their own purposes prior to publication.

On occasion journals have also been subject to still another abuse: the submission of false articles in misguided and sometimes malicious attempts to "study" the peer review process. Social work journals have recently been subjects of such a study.[1] In Spring 1987, a bogus article was submitted to over 140 journals in social work and allied fields. The article concerned the effects of family treatment in families of asthmatic children following a "parentectomy"—that is, the temporary removal of parents from the home of an asthmatic child. Two versions of this article were constructed, one in which the data indicated a positive effect of social work treatment, and a second in which the data indicated no effect. The perpetrator of this "study" of journals hypothesized that the "positive" version of the submission would be accepted by more journals than the "negative" version.

Social Service Review was included as a subject of the study. The bogus article was received and sent to reviewers. The *Review* later received the report of the study of journal review practices for possible publication. I rejected both in turn. The bogus article included large amounts of plagiarized material. The plagiarism was detected by a *Social Service Review* referee and the manuscript was returned. I rejected the report on journal review practices on both ethical and substantive grounds. The research involved massive deception of journals and journal referees and involved editors and referees as research subjects without consent. The research was also badly conducted. Because the *Review* and another journal detected the plagiarism and rejected the bogus article, neither could be included in the test of the main hypothesis concerning differences in acceptance in the "positive" and "negative" versions. The bogus submission also contained a number of serious design flaws and concerned an issue—the treatment of families of asthmatic children—that is quite peripheral to our field. These factors undoubtedly introduced extraneous variation into the responses to the piece and reduced the possibility that the author would be able to prove the hypothesis that journals are biased.

In fact, the author admitted in his report on journal practices that the power of his experiment was low—that is, there was very little chance that his hypothesis would be upheld, even if it were true. The

author thus characterizes the research as "exploratory." As it turns out, the hypothesis of bias on the part of social work journals was not upheld. The positive version was accepted slightly more often than the negative version, but the difference was not statistically significant.

It is at this point that issues of research design and research ethics come together. In some disciplines (though not under the NASW code of ethics), deception of subjects is justified if the anticipated benefits of the research outweigh the costs. In admitting that there was little chance that the research would prove his hypothesis, the author concedes that the anticipated benefits were minimal. The costs in terms of the violation of trust in the good faith of authors are considerable. There are also the costs in terms of time of editors, editorial staff, and referees.

I believe that journals must give notice to all individuals who would abuse the journal review process, whether by fraud, plagiarism, or other violations of trust, that the response to such violations will be as vigorous as possible. Therefore I have filed a complaint with NASW for violation of the code of ethics by the author of the study of journal practices. At this writing, a decision on the complaint is pending.

Despite the ethical and substantive shortcomings of this study, the author has drawn attention to serious issues involving the responsibilities of journals in conducting unbiased reviews of submissions. That problems occur in the journal review process is unquestionable. Journals usually operate with low budgets and small staffs. We depend heavily on volunteer referees who see their efforts as a professional responsibility, with little personal or professional benefit. Manuscript evaluation and selection usually involve only a few individuals, typically two to four referees and an editor. The quality of manuscript reviews varies. Rarely is full agreement on the suitability of a submission for publication achieved. Standards of scholarship and excellence are in dispute and in flux. In these circumstances the journal review process should be scrutinized, and ways should be found to strengthen it.

I want to note here two mechanisms by which the quality of social welfare scholarship might be improved. The first is the establishment of a social welfare data archive that I suggested in an editorial in a recent issue of the *Review*.[2] Requiring authors to deposit original data sets in an archive would, I believe, encourage care in the analysis and reporting of results and discourage fraud and misrepresentation. In addition, it would facilitate reanalysis of data that would further advance the scientific interests of the field. Second, I suggest that journals need to establish clear standards for reporting of data. The minimal facts required to assess a research report need to be explicated. I have in mind such mundane things as the size of samples, how subjects were selected, response rates, and basic descriptive statistics.

Beyond such developments, I believe that it is important that studies be conducted of the peer review system and all publication practices.

However, as with all social research, these studies must be conducted in a scholarly and ethically defensible way. I welcome suggestions from readers as to how such studies might be designed.

J.R.S

Notes

A similar editorial is appearing in *Social Work*

1 "Footnotes," *Chronicle of Higher Education* (February 3, 1988); Daniel Goleman "Test of Journals Is Criticized as Unethical," *New York Times* (September 27, 1988 science section, Lawrence Feinberg, "Social Researcher's Ethics Challenged," *Washington Post* (October 22, 1988), Ellen K Coughlin, "Scholar Who Submitted Bogus Article to Journals May Be Disciplined," *Chronicle of Higher Education* (November 2, 1988)

2 "Editorial," *Social Service Review* 62, no 3 (September 1988) 351–52

When Social Problems Are Treated as Emergencies

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Duke University

Recent governmental responses to hunger, homelessness, domestic violence, and other social problems have treated these problems as emergencies. Typically, this means that governments will allocate funds to nonprofit community agencies to provide temporary relief. Emergency designation permits quick responses to ameliorate presenting problems, relaxation of concerns over eligibility and equity, and postponing confrontation with more deeply rooted underlying conditions. Emergency responses to social problems can be unstable, however. Their dramatic character may recruit people in need to seek relief, while the newsworthiness of emergencies attracts mass attention to the problem.

Recently, widespread attention has been devoted by policymakers, the press, and social welfare advocates to the emergent social problems of hunger, homelessness, violence against women, and runaway youth. Society's response to these problems has been primarily through the provision of emergency services, including shelter, food, and counseling. The unprecedented scope of current emergency service efforts, in an already robust welfare state environment, represents an important new development, with major consequences for the cost and character of social policy.

Introduction

There are many reasons why public officials might favor treating recent social problems as emergencies, including the straightforward desire

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to put helpful programs in place quickly. But the long-run consequences are not so straightforward. They include at least temporarily deflecting attention from more deeply probing solutions, substantially surrendering control over admission to client rolls, and a degree of inequity in policy delivery.

The two major social welfare problems that have captured public attention in the 1980s, hunger and homelessness, share distinctive features.[1] They are partly manifestations of the gap between incomes and the costs of acquiring minimal necessities. Both arose and were first recognized and addressed by community organizations operating without public funds. Both seemed to require public response outside the array of established social welfare services.

In light of evidence of a growing demand for supplementary food and shelter, government officials reacted in patterned ways. (1) They accepted the claims of need but defined the need as temporary, responding, particularly at first, with ad hoc, stopgap policies dealing, for the most part, only with manifestations of the problems. This approach was facilitated by labeling the needs "emergencies." (2) The institutional focus of these emergency policies was nonprofit emergency service agencies. Many of these responded to the need before government began to play a role. Now they continue to play a role as service providers under government contracts or through the distribution of government food surpluses and other commodities.

The tendency to respond to social problems as emergencies—the "emergency services solution," it might be called—is also evident in other problem areas. Governmental support for programs dealing with violence against women, such as rape crisis centers and battered women's shelters, is provided primarily in emergency form. The problems are defined as emergencies, and the solutions involve utilization of community organizations to provide temporary relief.

This article explores the major elements of the emergency services solution and describes its dynamics. It focuses on the implications for social policy of identifying a problem as an emergency and on the implications of the tension between nonprofit social service agencies and government in implementing emergency services. It focuses primarily on hunger and homelessness, with references to relevant policies directed toward violence against women and troubled youth. The emergency services solution appears to have several common components.

Application

Public officials tend to treat social problems as emergencies when they believe they must demonstrate initiative or take action on social problems arising outside the scope of ongoing public policies. This occurs when

(*a*) politically potent claims are made that a group of people confront life-threatening circumstances, (*b*) eligibility for the policy benefits is likely to be ambiguous, or eligibility criteria are likely to be difficult to operationalize, and thus, (*c*) the size of the potential beneficiary group cannot quickly be ascertained.

These elements interact. Ambiguity in eligibility, for example, contributes to uncertainties over the scope of the problem. It also contributes to efforts to undermine claims that life-threatening circumstances really exist.

Organizational Form

Government officials credit and take advantage of private efforts that address the problem and intervene by commissioning private-sector agencies to initiate (or continue) assistance efforts, usually through contracting for services. Thus government officials remain at arm's length from direct implementation of relief activities.

The Meaning of Emergency in Social Policy

It should be axiomatic that social problems do not arise accompanied by some natural or inevitable conceptualization of their essential causes and remedies Indeed, the most critical moments in the life cycle of an issue may well be the outcome of the contest over how it will be understood. Sociologist Joseph Gusfield illustrates this when he shows that as long as the problem of deaths from drinking and driving was defined as a problem of the drivers' moral character or ignorance, automakers could (and until the 1960s did) avoid pressures to manufacture safer vehicles.[2] It follows that defining problems of hunger, homelessness, and violence against women as emergency matters is likely to be consequential for the ways in which these issues are processed It follows as well that the definition of problems as emergencies persists in part because the designation meets the needs of various actors in the service delivery system. It is important as well that the emergency designation not contradict popular understanding of these matters.

The assertion that designating these problems "emergencies" is not inevitable or natural may raise certain questions. After all, are not these problems emergencies for the people who experience them? But there are alternate conceptualizations.

One is that hunger and homelessness result from individuals' chronic disorganization and inability to cope. This view leads to criticism of mental health policy, particularly the failures of deinstitutionalization, and leads to calls for improved mental health services.[3] Indeed, as the issue of homelessness matures, a tendency to disaggregate the homeless

population has become evident, and this view, to a degree, has taken hold

An alternate conceptualization is that hunger and homelessness result from systemic inadequacies of income, or the gap between income and living costs. This perspective would lead to dramatic increases in welfare and other benefits, increased provision of supplementary food assistance, and more vigorous low-income housing policies.[4]

These alternative perspectives are articulated concurrently with the views that the problems are temporary and require short-term, immediate responses. They are not incompatible with policies designed to treat short-term need while more lasting solutions are generated. Yet while the advocates for these perspectives compete to determine which views will prevail, the emergency metaphors remain dominant. These metaphors profoundly affect society's responses to the social problems under discussion.

An emergency is a state of affairs recognized by relevant publics *and authorities, consisting of a life-threatening or system-threatening* condition of recent onset or severity about which there is a general belief that something can and should be done. The presence of all of these conditions is generally necessary to make the case that an emergency exists.

Emergencies have to signal virtually catastrophic problems to distinguish them from the normal catalog of distresses that affect many in the population. They have to be of recent origin, or else they are more properly categorized as chronic, long-lasting problems to which the person suffering the condition has become inured and with which he or she has already coped. The problem must be presumed to be responsive to intervention, or else one has described a chronic rather than an emergent problem, an act of God, or a matter of fate for which the designation "emergency" is pointless. To illustrate, a plague of locusts is only regarded an emergency in a society that has the capacity to control the pests.

The issue of when a condition is an emergency will change as times, circumstances, resources, and technologies change. Before the automobile, good roads, and high-tech hospitals, people with health needs in rural areas were treated at home or by local physicians without thought of receiving aid in alternative settings. Today, the same conditions lead to heroic efforts to rush victims to modern hospital centers.

An additional observation about emergencies clarifies their function in society and social welfare policy: the designation "emergency" mobilizes resources. To call something an emergency is to claim that extraordinary efforts be made to alleviate the condition. Designation of an emergency legitimates the mobilization. It permits functionaries to take claimants out of turn, treat them differently from the rest, and spend money or devote time to them disproportionately.[5]

This characteristic of emergencies is understood by caretakers and policymakers Doctors call cases emergencies in order to obtain attention for their patients more quickly. Welfare recipients can receive additional benefits if they qualify for "emergency assistance." Federal policy funnels low-cost loans to flood and drought victims when states of emergency are declared. Troubled youth can receive immediate services, including out-of-home shelter, if their situation is defined as an emergency.

Generally, advantages to recipients of emergency services are the ability to claim and receive extraordinary resources. But there are inherent limits to the needy population as a whole in labeling conditions "emergencies." For example, extraordinary resources can only be mobilized if the number of emergency claims is limited. If everyone claims and seeks special treatment, no one can receive it. Emergency police response numbers only work if the public limits its requests for emergency responses. Emergency rooms in hospitals cease to function effectively when people begin to use emergency rooms for routine treatment.

It follows that there are limits to the extent that society will respond to increases in emergency claims by increasing resources. At some point, public agencies will respond to increased claims by routinizing the provision of aid to the claimant population, reducing the per capita costs of providing emergency assistance, and challenging the basis of the claims themselves. Since resources are finite and other claims over resources compete, the fact that emergency designations mobilize resources creates the conditions for developments directed toward curbing expenditures.

Virtually by definition, emergency services are unstable bases on which to ground policy. Claims are expected to disappear or diminish in intensity, or institutions may be expected to routinize interventions. A critical question is whether emergency policies will deteriorate into routine policies with lower levels of service and reduced constituencies or whether public concern for the affected population is high enough to evoke a commitment to deal with the chronic or structural problems from which emergencies arise.

The Consequences of Labeling Social Problems "Emergencies"

Labeling social problems "emergencies" affects the size and shape of the client rolls and the structure of the public response. In this section we treat the implications of emergency service for assessing need at the individual and societal levels. In a later section, we discuss some of the implications of implementing public responses to emergencies through specialized nonprofit agencies.

Establishing Priorities, Mobilizing Resources

Public policy agenda are normally developed through regular channels of interaction between public officials within legislative and executive branches of government and outside interests, including policy advocates, interest group representatives, and the press.[6] The advance of any single policy concern must not only achieve support within the policy network, but it must also achieve a degree of salience so that public officials are willing to move the issue up in the policy queue. They must be willing to allocate scarce material and administrative resources to the policy in the face of competing concerns.[7]

In the struggle to gain issue recognition, advocates deploy various symbolic strategies to advance their causes. They may claim that vital national interests are at stake now (national defense, trade policy) or in the future (funding social security, rebuilding the highways) Or they may claim that individuals will suffer irreversible injury. The threat of severe damage to health is the not-so-hidden rationale for crash programs for some research (on AIDS, for example) and for emergency allocations to relieve life-threatening conditions.

But these symbolic strategies must be pursued in the face of competing demands. When the food stamp program is unable to meet the food needs of the poor across the board,[8] how can one justify special food supplements for only a portion of the needy? When tens of thousands wait for years to get into public housing, how does one justify diverting housing resources to aid new claimants who are not even on the list?[9] The first consequence of labeling problems "emergencies" is to legitimate the allocation of scarce resources to an individual or group at the expense of others who may suffer from similar conditions but who have not been so labeled

Concentrating Resources on Immediate Needs

Social consensus that a presenting situation constitutes an emergency permits resource mobilization directed toward stabilizing conditions but says nothing about long-term problem resolution. Disaster victims, for example, are provided shelter, health services, and food, but their homes are not restored under disaster relief policies. Likewise, people who claim they are hungry may receive a hot meal but are not provided long-term income support. Nor are the homeless provided with long-term shelter arrangements under emergency policies, although the high cost of emergency facilities puts a premium on moving people out of existing shelters and finding more stable solutions that are less costly on a per capita, per day basis. (Even when homeless families are moved out of shelters into permanent housing, this generalization may apply because without long-term income supplements they may

fall back into homelessness.) Agencies may provide troubled youth with short-term shelter and services but be unable to provide adequate long-term services or support.[10]

Paradoxically, despite the very high costs of sheltering people on an emergency basis, emergency shelters may actually be cheaper than some plausible alternative policies. Although putting people up in hotels and motels seems scandalously expensive, it is vastly cheaper than addressing the problem of providing adequate living standards, affordable housing, or long-term placement.[11] This is because the only people one has to serve on food lines or in emergency shelters are the people who come forward to accept emergency aid. If one were to provide for peoples' income needs, in fairness, eligibility for relief would have to be available to all people with low incomes. Moreover, emergency designations allow policymakers to avoid or postpone consideration of expensive restructuring or expansion of existing services to address long-term needs.

Subjectivity and Ambiguity in the Determination of Need

A critical reality of emergency social policy is that eligibility for assistance is necessarily subjective and, to a degree, ambiguous. This distinguishes emergency services allocations from other social welfare distribution schemes.

Contemporary social policy is usually written to facilitate, as much as possible, the fair distribution of resources. In short, this means treating similarly situated people alike. The most common way to insure fairness in social policy distributions is to make eligibility contingent on some unambiguous, knowable circumstance of the individual.

Age-based policies and veterans programs allocate benefits on such bases. We speculate that the clarity of age and veteran-status criteria contributes to the fact that social security and veterans' benefits are two social policies over which there is minimal conflict. In addition to targeting socially favored groups, these policies permit the allocation of benefits to recipients unambiguously. So long as a recipient has reached a certain age, or served in the armed forces during hostilities, he or she is eligible for program benefits, whether rich or poor.[12]

Income-tested policies are somewhat less clear-cut but still strive to achieve unambiguous determinations of eligibility. Despite complex issues involving such matters as determination of assets, household composition and dependency, and work-related expenses, income-tested policies have the virtue of encouraging the popular belief that it is possible to be fair. Any deviation from similar treatment of similarly situated people is a departure from fairness. This accounts for the proliferation of rules in income-tested policies in order to standardize the treatment of people even when enormous complexities are involved.

There are, however, many circumstances in which the society does not want to have elaborate rules governing social policy distributions. These tend to be circumstances in which either the complexities are too great, or it is believed that a capacity for flexibility and responsiveness to individual circumstances is more appropriate than implacable application of rules.[13]

One approach that may be deployed under such circumstances is shifting decision making to the people who are approved by society to make such judgments, such as psychologists in special education and doctors who make disability determinations.[14] In some emergency services, such as disaster relief and emergency shelter for adolescents, Red Cross workers and child welfare workers certify the need for emergency assistance.

Another approach is to accept at face value individuals' claims that they indeed qualify for benefits under particular policies. Many emergency services fall in this category. Self-declaration of need must be accepted by the logic of a policy in which life-threatening circumstances are alleged to be present. If a man is on the street late at night in subfreezing weather, it is presumed that he needs shelter if he says so. When a woman comes forward on a food line established to feed the hungry, policy requires acceptance of her claim without asking whether she has hidden assets. So long as social welfare benefits are allocated under an emergency policy, rather than being means tested or conditioned through some other categorization, self-declaration must be accepted.[15]

A similar logic applies when eligibility for emergency programs depends on the cause of the individual's need, as is the case when a woman seeks refuge against violence. If a woman appears at a crisis center, she will not, and cannot—by the logic of the way the problem has been defined and the institutions established to do the defining—be questioned about her claims. Her word will be taken at face value. When she seeks help at a crisis center no one will question if she has been beaten or raped, if her bruises were acquired by falling down the stairs, or if she started the fight and is thus partly to blame.[16]

Variability in Need and Demand

The ambiguity and subjectivity of need heightens public uncertainty over the need for the policy and reduces the value of demand as a measure of need. Acceptance of this proposition requires some discussion of the meaning of need and demand in social policy.

There are some physiological needs, such as the need for vitamins to maintain health, that may vary from person to person but in general apply to everyone. In most social policies, however, need is a subjectively and socially determined underlying condition; it can never be fully or

absolutely known. In contrast, demand may be defined as the claims that are made on government or other parties capable of responding to or reporting the claims.[17] Through monitoring telephone inquiries, intake, and other requests for services, demand can be known or at least approximated. In reporting increases in food lines or the overflow at shelters, analysts report the demand for emergency food or shelter but not the need for such services.

Client rolls in policies accepting self-declaration of need are responsive to changing social definitions of need and changes in people's perceptions of their own need. Need is not absolute but can vary over time and among people and social groups. Whether one needs police protection, or annual medical checkups, or help in coping with mental distress depends first on the social consensus about the need and the value of the services offered as apprehended by a person's relevant social groupings.

Whether one needs a particular service or good also depends on how one appraises his or her own situation. Two people may have a headache but only one may experience the need for a painkiller. Likewise, two people may live without heat in order to buy food, but only one will believe herself in need of alternative shelter.

Although the need for housing would appear to be straightforward, we can see even here that subjective views of housing standards affect the demand for shelter. Two generations ago (and in some places today), it was generally acceptable, if not desirable, to live without indoor plumbing and electricity. Today, housing lacking these amenities is considered unacceptable, and authorities would never place people in need of shelter in such conditions.

Public officials in New York City regularly have to consider the plight of "heatless families," who live in housing shells without heat during the winter months. Thus, these officials regularly contend with families whose subjective appraisals of their own circumstances, when compared to their shelter alternatives, result in their living in housing that is unacceptable by law.

Not only can social conventions vary in defining need, but people also may change their own conceptions of their needs. Campaigns to inform citizens of the risks of high blood pressure explicitly seek to change individuals' perceptions of their needs for dietary control and medical checkups. Public programs established to deal with citizens' distress implicitly may make powerful statements about citizens' needs for the programs. They signal that what people may have considered their lot in life may be a problem about which something can be done. Families living in cars may choose to seek shelter at public expense when they become aware that public authorities do not consider such shelter acceptable, particularly for children People who are hungry but stoic may be persuaded to regard their hunger as reflecting a need

when they learn about the existence of emergency feeding programs. Certainly, many battered women came to define their suffering as reflecting a need when they learned that shelters existed to aid people like themselves.

Generally, participation in any social welfare program may be understood to involve implicit calculations by potentially eligible claimants of the possible benefits of service compared to the costs of seeking those benefits.[18] Thus we expect more people to apply for food stamps if the stamps increase in value or apply to more items, or if eligibility redeterminations of the program become less onerous, bureaucrats more helpful, or instructions easier to understand.

If self-declaration of need is intrinsic to the structure of emergency policy implementation (as we have argued), then the perceived costs of seeking and benefits of receiving services become of even greater importance in determining the incidence of participation. In programs with self-declaration, increased costs and benefits are likely to have greater impact on participation than in programs where eligibility is disciplined by relatively objective criteria.

The result is that emergency policies are unusually reactive to changes in the quality and quantity of program services. For example, increasing the number of shelters and emergency food programs signals the needy population that society has established new norms that are less tolerant of these distress conditions. It also indicates that the chances of obtaining relief have increased. Thus more people will define themselves as in need and more people in need will come forward to demand help.

This change in demand does not necessarily mean that undeserving people are "coming out of the woodwork" to seek public aid.[19] What "undeserving" means here is quite unclear. More important, there may be less injury to the integrity of social policy than some might suppose if citizens who are able to support themselves only marginally take advantage of emergency programs. In these cases, we may have numbers of near-hungry and near-homeless people who are just steps away from outright eligibility but who may not yet have fallen into these categories because they are spending their inadequate incomes on food or shelter rather than on debts, clothing, or medicine.[20] If these people seek public shelter or food relief because benefits are available, no great breach of the needy/nonneedy barrier occurs.[21] These people are not "freeloaders" so much as they are people already in need who have chosen to manifest their dependency in ways society has called legitimate. In a nutshell, if people can receive $30 worth of groceries, they can now buy shoes with money that would have gone for food.

Inappropriate use of emergency services also is unlikely because access continues to be disciplined by the persistence of significant costs

to those who seek to use them. These costs may include loss of privacy, restrictions on social interactions, forced association with troubled and dangerous fellows, regulation of hours, or indignities of various sorts, such as delousing and giving up one's possessions for the night.

Nonprofit Organizations in the Implementation of Emergency Policy

Advantages of Contracting with Nonprofit Agencies

An intrinsic part of the contemporary emergency services solution is government utilization of nonprofit service organizations. Government contracting with community organizations provides an unusual fit between the needs of government and community groups that originally undertake to respond to emergent service needs.[22]

To be sure, government contracting for services does not originate with emergency service policies. "Contracting out" has been a feature of the national political landscape at a growing rate since World War II. Since the founding of community action agencies through the 1964 Equal Opportunity Act and the 1967 amendments to the Social Security Act, contracting for services has been an increasingly favored approach to providing social and other services.[23]

The following advantages to government of contracting for services appear to be especially attractive in the case of emergency services.[24]

1. Emergency services can be established more rapidly by contracting with private agencies already in the field than by developing new government programs with new bureaucracies or under otherwise overworked, existing bureaucracies

2. Contracting for emergency services permits government to align itself with the work of private agencies that have already gained recognition for early and ongoing involvement in the problem and may have spearheaded the campaign for government funds. Thus public officials can partake of the favorable publicity enjoyed by the private agencies as well as gain credit for supporting their service efforts. At the same time, contracting allows government officials to avoid the political battles that would be likely to ensue if they sought to compete with community agencies by providing parallel services.

3. Programmatic efforts can be launched without establishing public bureaucracies invested in their own continuation. Thus, contracting for services represents a lesser public commitment to service provision than the establishment of government facilities and the hiring of public workers. Contracting also offers public offic..ls the hedge that commitments can be withdrawn with minimum . ost if priorities change or demands for emergency services diminish

4. Similarly, contracting for services permits the direction of service provision to be changed relatively easily through changes in contract provisions.

5. As noted, emergency services may be cheaper to provide because one can "treat" only those who come forward to receive assistance. There are also administrative reasons to suppose that providing services through contracting is less expensive. A considerable literature is developing as to whether it is more efficient and cheaper for government to acquire services through contracting or to provide services itself.[25] Findings from these studies have been mixed, but there is some reason to suppose that savings may be available through private-sector contracting because of the lower wages private providers are able to pay and lower administrative costs associated with less rigorous accountability procedures.

In any event, governments are likely to save money by contracting for services with nonprofit agencies because emergency policy implementation through such agencies almost always includes a measure of contributed private resources—volunteers' time, donated goods, and charitable contributions.

Advantages in Administering Emergency Services

The decision to contract with nonprofit agencies for emergency services may be seen as an extension of the decision to treat social problems as emergencies in the first place. Private administration of emergency services permits services to be run without becoming bogged down over eligibility, verification, and length-of-stay or frequency-of-contact issues This policy advantage is available through contracting because private nonprofit agencies tend to emphasize responsiveness to individual clients over categorical equity among all clients if the two conflict.[26]

This tendency of nonprofit service organizations may be explained by their basic rationale and funding purpose. Emergency service agencies tend to be old-line charities, such as the Salvation Army, or new organizations recently established by entrepreneurial community activists who, with minimal organizational resources, sought to meet particular human service needs, such as shelter provision or hunger relief. The agencies they founded operated on shoestring budgets, were located in storefronts and living rooms, and depended for their effectiveness on zeal and hard work.

Staff of these agencies tend to be volunteers or underpaid workers whose commitments to the organization stem less from career considerations than from an interest in helping needy individuals overcome their victimization or misfortune. Rape crisis centers were founded by feminist activists and often staffed by women who at one time themselves needed such services. Food banks and emergency shelters were often

founded by church-related activists long before public funds were available to help. The exhausting nature of work in such organizations and the perpetual feeling shared by staff that their organizations remain only one step ahead of disaster help explain why leaders of such organizations solicit and accept government funding, even though they fear they will lose some of their autonomy in the exchange.

This background helps to explain the greater willingness of nonprofit emergency services workers to accept clients' statements of need at face value, to establish eligibility rules according to subjective impressions of need, and to eschew rigorous verification of eligibility. They are motivated by charitable impulses that lead them to emphasize the dignity of people in need and, as much as possible, provide support to people who say they are in need without regard to legalistic (that is, categorical) obstacles They value, more than bureaucratic norms permit, the importance of respecting the people who come forward to seek assistance

Thus the nonprofit agency volunteer accepts Mrs. Jones and her children into the soup kitchen when her food stamps run out because the volunteer believes in offering her services in an institution that gives help without intrusive questioning. She refrains from asking whether Mrs. Jones otherwise has adequate income, has other places she could go for help, or whether she has used her resources wisely. Likewise, the volunteer in a rape crisis center refrains from closely questioning a prospective client of the center about whether she was truly assaulted.

It is not that emergency service workers are unaware of the need to ration scarce resources. They recognize the trade-offs between loose admissions criteria and their ability to serve those most in need. But they are prepared to accept less accurate program targeting in exchange for a more generous, open service atmosphere. Moreover, they see themselves as so small a part of the ultimate resolution of the problem that it seems unimportant if a few more or a few less are accepted for service.

When public officials fund nonprofit organizations to provide emergency services, to a large extent they are directing funds to organizations that emphasize sympathetic eligibility policies. Intentionally or not, governments purchase not only service delivery but also a responsiveness to clients that they cannot themselves provide without too great a clash with the norms of equity they otherwise must honor. And nonprofit service organizations are much better prepared than government to accept subjective, difficult-to-define conceptions of need, as emergency services require.

As public demands for emergency services grow, the implicit collaboration of government and nonprofit agencies on eligibility policies facilitates the use of government funds to meet extreme need without

having to justify expenditures according to bureaucratic modes of operation. Thus, the nonprofit organization receiving public funds initially can continue hiring practices, facility standards, and verification requirements that differ from government practices. Perhaps an extreme example of this implicit collaboration is presented by the case of the Massachusetts administrator who contracted with community agencies serving battered women and refused in budget hearings to tell the state legislature where the shelters were located because she accepted their claim that their security depended on such secrecy. It is unimaginable that the state could establish its own shelters under such conditions.

Contracting with nonprofit organizations also meets the needs of public officials because such funding mechanisms help public officials finesse the problem of adequacy of coverage They do this by funding organizations rather than services to individuals. They can authorize nonprofit agencies to serve a catchment area, or they can simply accept the clientele of the nonprofit agency as the target population rather than having to identify and serve similarly situated people who have not come forward to ask for help.

In contracting with emergency service organizations, governments can, for similar reasons, reduce their concern about outreach efforts In public programs, it is a sign of failure and an occasion for criticism when government aid to citizens, such as food stamps and the Women, Infants, and Children (WIC) food supplement program, goes to substantially fewer people than the number of those eligible. It seems to be less an occasion for public criticism if, say, food banks have not served everyone who is hungry or eligible for free cheese and butter Public pressures to reduce the gap between eligibility and client patronage are muted when nonprofit agencies fall short in emergency service efforts.

The Problem with Equity in Using Nonprofit Organizations.

In order to mount programs quickly, governments build on the work of nonprofit organizations already in the field. They also seek out private nonprofit agencies with proven service records to persuade them to provide emergency services where they are not yet available. For this reason, community action agencies and established neighborhood service organizations are invaluable to governments if new community needs arise and are acknowledged.

But no matter how zealously public officials seek to initiate programs in unserved areas, they are unlikely to achieve full, effective coverage on a geographic basis. At the extreme, there will be significant areas receiving no emergency services because government cannot find responsible agencies to provide them. For example, in the fall of 1984

people in 15 counties in Florida and 10 counties in Texas received no surplus products for hunger relief because these states could not find acceptable distribution agencies.[27]

Hardly less extreme is the practice of designating emergency service agencies as the providers of record for vast areas that they cannot practicably serve. Thus many food banks are designated as distribution centers for geographic areas so extensive that some residents in need of surplus foods would have to spend as much on gasoline (assuming they had a vehicle) to get to the distribution center as the cheese and butter were worth. In some states, the homeless shelter network provides full coverage, but only on paper, as some shelters serve such vast areas that they cannot truly serve every needy person in their catchment areas.

Dependence on nonprofit organizations for policy implementation also results in considerable variation in program effectiveness. Of course local offices of state government agencies, such as state welfare departments, also vary in the quality and efficiency of their administrative practices. Still, there is undoubtedly more uniformity in a decentralized government agency than in nonprofit agencies working under contract to government. There are several reasons for this variation: (1) contracts may be written to take advantage of or tolerate organizational differences; (2) program audit functions of state and local government vary substantially in rigor and quality;[28] (3) variety in program profiles is regarded as a strength of the contract-for-services approach to policy implementation, and (4) private providers work to influence public agencies in order to maintain tolerance for organizational differences.

It is evident that at the beginning of a government initiative to provide emergency services through nonprofit organizations there will be considerable differences in service availability among residents of any political jurisdiction as a result of the need to start quickly, the demands of contracting that require separate, sometimes extensive negotiations with each provider, and the absence of capable providers in every place. It is further evident that, even several years after the initial contracts are let, there may continue to be erratic coverage in some places because providers cannot be found to take on emergency service responsibilities.

Nonprofit service providers are unevenly distributed in society. They thrive in big cities, less so in rural areas. They vary in number by state and region of the country.[29] They vary in their interest in and willingness to accept public funds. Dependence on nonprofit agencies to provide emergency services, then, means acceptance of what are likely to be vast inequities in the availability of services.

A policy of providing emergency services through nonprofit agencies is, in a sense, an arrangement with the agencies that seek funding, not itself a commitment to the people who need help (although such

a commitment may be forthcoming). Unlike the post office, which provides services in reasonable relationship to utilization requirements, or social security, which, because of an accessible postal system, can do business at a distance, emergency services are only provided in places where there are providers. However much they recognize the problem and try to compensate, public agencies cannot fully make up for the spotty distribution of nonprofit providers.

Let us say that equity consists of treating similarly situated people alike. There is only limited equity at the individual level in a system that provides shelter for a homeless person in one place and not in another because in the latter case there is no organization willing to establish a shelter close to where the person has lived. There is only limited equity in the distribution of emergency food rations if people with the same income, assets, and family circumstances receive very different access to help because in some places there are no local organizations prepared to accept responsibility for food distribution.

Historically, when inequities of this sort in social policy have been tolerated, they have had constitutional legitimacy imparted by the federal compact. Individual states may establish different support levels in public welfare and different service bundles in Medicaid. These choices are sanctioned in statutes and by the historic functions and roles of state and local governments.

There are no such rationales for spending public funds inequitably because of the uneven patterns of distribution of nonprofit service agencies. In the absence of such rationales, it may be fair to conclude that the systematic inequity in emergency service distribution, whatever the administrative advantage, is unsanctioned. Such inequity is only tolerable if the problem is perceived as temporary and the mobilizing legitimacy of the "emergency" label holds sway.

The Instability of the Emergency Services Solution

By definition, emergencies are short-lived phenomena; the designatior characterizes situations that appear relatively suddenly and are no likely to be long lasting. The designation "emergency" permits ex traordinary mobilization of resources, but at some point these resource must be diverted from other uses. The uses that compete with emergenc social problems have their claimants and advocates. Extraordinar resource utilization also attracts critics concerned about overall ex penditures and governmental tax burdens. It follows that politica pressures will eventually arise to transform emergency activity int more routinized policies.

Routinization has several implications. With respect to the characte of service, government is likely to seek imposition of rules and regulatior that make the practices of emergency service agencies conform t

government standards. For example, such rules may require these agencies to employ norms of equity in the selection and treatment of clients. Many battered-women shelters and rape crisis centers find themselves forced to adjust their programs in response to government requirements that they select clients based on nondiscriminatory principles and consideration of financial status in the duration of client treatment.[30]

At a broader level, routinization can result in reduced public commitments. It can lead to low-level continuation of emergency services in routinized fashion. It can also result in creation of new, heightened public expectations and obligations. The long-term struggle in emergency services is over which of these divergent futures will ultimately prevail.

In struggles over emergency services, some interests will seek initially to reduce or minimize the sense of public urgency or need (just as other interests will seek to maximize the size and sense of urgency of the problem). The insistence of high-ranking federal officials that hunger does not exist in the United States and the report of the Department of Housing and Urban Development that the problem of homelessness is considerably smaller than had been portrayed in the media are characteristic of this sort of reaction.[31]

But social problems are not simply epiphenomena of the media; they are rooted in underlying social realities that are only partially driven by collective perceptions. Sometimes emergencies evaporate because the underlying social reality does not sufficiently support emergency campaigns. For example, the campaign to save missing children has lost support in the face of convincing challenges to the severity of the problem. The number of missing children was originally projected at 2 million each year. Recently critics have observed that most of the 2 million are runaways, children missing but soon found without notifying the police, or children involved in custody disputes.[32]

Some emergencies devolve into a middle ground of routinized treatment, in which they continue to receive support for amelioration, but at modest funding levels. They may have distinct but relatively narrow constituencies, or they may not be very costly to sustain. Shelters for abused women may have suffered (or enjoyed) this fate, having become relatively uncontroversial elements of federal and state service provision plans but with little ability to grow or resist cutbacks at the margins.[33]

Hunger and homelessness, however, have not diminished as emergencies. Public officials such as big city mayors, and advocates at the local and national levels, continue to demonstrate successfully that these problems have not gone away and, if anything, have continued to grow. Moreover, the very provision of emergency food and shelter creates conditions that keep the problems in the public eye. Long lines at soup kitchens, crowding around shelter doors, and police sweeps

of the homeless on freezing nights hold society's attention. The visibility of emergency programs, as we have argued, also helps recruit clients.

Faced with the need to continue to fund emergency aid programs at high levels, public officials have few options as long as problems are defined as emergencies. They may seek to narrow eligibility or otherwise reduce the pool of eligible claimants. In the case of surplus commodities, federal officials sought to persuade states to narrow income eligibility for free food in order to reduce demand and minimize the number of unserved needy. Massachusetts officials limited the pool of claimants for spaces in emergency shelters for adolescents by accepting referrals only from state agency personnel. In the case of homelessness, local officials have questioned claimants for emergency housing more closely concerning whether they have other options. They have at times also tried to ensure that publicly supported shelter options are not perceived as excessively attractive, lest people abandon questionable private alternatives for public services.[31]

How long can social problems be treated as emergencies if there is high demand? When, in the early 1970s, the welfare rights movement sought to exploit the availability of emergency assistance by encouraging claims, states met the challenge by "cashing out" emergency aid so that every recipient received some additional benefits. This reform had the effect of preventing individuals from making extraordinary claims on the system. Yet the more visible and apparent the need for emergency relief, the less will any administrative solution to emergency services expenditures prove politically feasible.

Persistent emergencies eventually focus attention on the need for systemic solutions. City governments have begun to respond to homelessness with proposals for increases in low-income housing and housing appropriate to the needs of the subpopulations of elderly, families, veterans, alcoholics, and mentally ill that combine to make up the homeless population.[35] State governments have begun to examine how to deploy resources to prevent families from becoming homeless. The persistence of emergencies makes it difficult for public officials to ignore the need for long-run answers, however expensive they may be.

Emergency services are inherently unstable. The size and severity of the problem appears to require public responses, while the high cost of providing emergency services suggests the desirability of normalizing service provision. Up to a point, responding to social problems as emergencies serves public officials who, for one reason or another, wish to minimize institutional commitments. But responding in emergency terms can result in costs, issues of fairness, and problem visibility that will soon make it difficult to continue to respond in emergency fashion

Notes

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1. For early accounts on hunger, see, e.g., Kathryn Bishop, *Soup Lines and Food Baskets: A Survey of Increased Participation in Emergency Food Programs* (Washington, D.C.: Center on Budget and Policy Priorities, May 1983); United States Conference of Mayors, *Hunger in American Cities* (Washington, D.C.: U.S. Conference of Mayors, October, 1983); Food Research and Action Center (FRAC), "Still Hungry: A Survey of People in Need of Emergency Food" (Washington, D.C.: FRAC, November 1983). A compendium that treats effectively the many facets of homelessness is Jon Erickson and Charles Wilhelm, eds., *Housing the Homeless* (New Brunswick, N.J.: Center for Urban Policy Research, 1986).

2. Joseph Gusfield, *The Culture of Public Problems: Drinking, Driving, and the Symbolic Order* (Chicago: University of Chicago Press, 1981). Also see Murray Edelman, *Political Language* (New York: Academic Press, 1977).

3. The view that homelessness is a problem that derives from mental illness is perhaps most widely identified with the writings of Ellen Bassuk. See her article, "The Homelessness Problem," *Scientific American* 251 (July 1984): 40–45; see also Ellen C. Bassuk, Lenore Rubin, and Alison Lauriat, "Is Homelessness a Mental Health Problem?" *American Journal of Psychiatry* 141 (1984): 1546–50. The failures of deinstitutionalization are recounted in H. Richard Lamb, "Deinstitutionalization and the Homeless Mentally Ill," in Erickson and Wilhelm, eds. Also see Ellen Baxter and Kim Hopper, "Troubled in the Streets: The Mentally Disabled Homeless Poor," in *The Chronic Mental Patient Five Years Later*, ed. John A. Talbott (New York: Grune & Stratton, 1984), pp. 49–62.

4. See, e.g., the Physician Task Force on Hunger in America, *Hunger in America: The Growing Epidemic* (Boston: Harvard University School of Public Health, 1985), chap. 2, and references.

5. The function of emergency designation in social services is explored in Michael Lipsky, *Street-Level Bureaucracy* (New York: Russell Sage, 1987), pp. 136–39.

6. See Hugh Heclo, "Issue Networks and the Executive Establishment," in *The New American Political System*, ed. Anthony King (Washington, D.C.: American Enterprise Institute, 1978), pp. 87–124. On the development of public policy agenda with respect to an issue with emergency connotations, see Barbara J. Nelson, *Making an Issue of Child Abuse* (Chicago: University of Chicago Press, 1984).

7. John Kingdon, *Agendas, Alternatives and Public Policies* (Boston: Little, Brown, 1984). For a discussion of the emergence of the issue of victimization including violence against women, see Steven Rathgeb Smith and Susan Freinkel, *Adjusting the Balance: Federal Policy and Victim Services* (Westport, Conn.: Greenwood, 1988).

8. See nn. 1 and 5 above.

9. At the end of 1985, e.g., nearly 27,000 people were on public housing waiting lists in Boston and its inner suburbs alone. See the *Boston Globe* (December 25, 1985).

10. For one account of this dysfunction, see the Greater Boston Adolescent Emergency Network, "*Ride a Painted Pony on a Spinning Wheel Ride* ...": *A Survey of Massachusetts Youth in Need of Permanent Homes* (Boston: Massachusetts Committee for Children and Youth, 1985).

11. In Massachusetts, e.g., it costs an average of $60 per day, or $21,900 per year, to put up a family in a hotel, motel, or state-sponsored shelter (*Boston Globe* [November 14, 1987]). According to the *New York Times*, it cost $70,000 per year to shelter a family in New York in 1986 (editorial [March 25, 1986]).

12. Recent initiatives to tax the social security benefits of affluent recipients and to restrict free health benefits to veterans who are not medically indigent seek to establish new bases for entitlement but do not challenge the notions put forward here that the unambiguity of eligibility for these programs supports their legitimacy.

13. For a discussion of the trade-offs between equity and flexibility, see James Q. Wilson, "The Bureaucracy Problem," *Public Interest* 6 (Winter 1967): 3–9.

14 Deborah Stone, *The Disabled State* (Philadelphia Temple University Press, 1984).

15 This does not mean that individuals who monitor emergency benefits like operating with ambiguous or self-declaration eligibility criteria or do not apply informal criteria to restrict access to benefits to those they consider less worthy But these tend to be small exceptions to eligibility policies that are strongly structured in the direction of openness

16 Many staff members and volunteers of shelters for battered women and rape crisis centers are very reluctant to allow outside analysts and government officials to evaluate their programs, owing, in part, to a fear that the self-declaration principle will be challenged by service standards antithetical to their concept of an open and receptive environment

17 Here we paraphrase the classic definition of demand articulated in David Easton, *A Framework for Political Analysis* (Englewood Cliffs, N J Prentice-Hall, 1965), p 50

18 Participation in social policy is treated effectively in Robert Alford and Roger Friedland, "Political Participation and Public Policy," *Annual Review of Sociology* 1 (1975): 429-79 On the relationship of demand and cost in seeking services, see Lipsky (n. 5 above), chap 7

19 This is the fear of many analysts. For an illustrative example, see Thomas Main, "The Homeless of New York," *Public Interest* 72 (Summer 1983) 3–28 Main proposes a work requirement to (further) deter able-bodied homeless men from seeking shelter at public expense The debate on the "undeserving" receiving public aid is related to a broader discussion among scholars and policymakers on the proper boundary between individual and public responsibility for social problems See Daniel Bell, *The Cultural Contradictions of Capitalism* (New York: Basic, 1976), esp pp 270–82

20 Langeley Keyes writes about the "hidden homeless," people who are in imminent danger of becoming homeless He counts, e g , the 6 3 million U S households paying more than half their income for rent. See Langeley Keyes, "The Homeless and the Housing Market" (unpublished paper, Massachusetts Institute of Technology, Cambridge, Mass , April 24, 1986)

21 The problem of the needy/nonneedy barrier is familiar to students of social policy See Richard Cloward and Frances Fox Piven, *Regulating the Poor* (New York Pantheon, 1971), and Stone

22 Under court order to house all homeless people, New York City initially was an exception to the general practice of providing shelter through nonprofit agencies However, in recent years New York has increasingly moved to provide family shelters through contracting See, e g , the *New York Times* (February 3, 1986), sec. B

23 On the development of contracting for services, see Bill Benton, Tracy Field, and Rhona Millar, *Social Services Federal Legislation vs State Implementation* (Washington, D C. Urban Institute, 1978) Also, Pacific Consultants, *Title XX Purchase of Service* (Berkeley, Calif Pacific Consultants, January 1979), Ruth Hoogland DeHoog, *Contracting Out for Human Services Economic, Political and Organizational Perspectives* (Albany State University of New York Press, 1984); Peter M Kettner and Lawrence L Martin, "Purchase of Service Contracting and the Declining Influence of Social Work," *Urban and Social Change Review* 18, no 2 (Summer 1985): 8–11, Steven Rathgeb Smith, *Government Nonprofit Agencies and the Welfare State* (doctoral diss , Massachusetts Institute of Technology, 1988), chap 2

24 See also Lester Salamon, James C Musselwhite, Jr , and Alan J Abramson, "Voluntary Organizations and the Crisis of the Welfare State" (Washington, D C : Urban Institute, 1983), pp. 25–26

25. See, e g., Maureen E Sullivan, *Contracting for Human Services in Massachusetts An Analysis of the Competitive Bidding Process*, Policy Paper P85-1 (Cambridge, Mass . Kennedy School of Government, 1985), Arnold Gurin and Barry Friedman, *Contracting for Services as a Mechanism for the Delivery of Human Services A Study of Contracting Practices in Three Human Service Agencies in Massachusetts*, Working paper (Waltham, Mass : Brandeis University, 1980); Richard B Hill, *Thinking Systematically about Purchasing Social Services* (Boston Massachusetts Rate Setting Commission, 1982); Mark Schlesinger, Robert A Dorwart, and Richard T. Pulice, "Competitive Bidding and States' Purchase of Services The Case of Mental Health Care in Massachusetts," *Journal of Policy Analysis and Management* 5, no. 2 (1986): 245–63.

26 The primacy in government policy of equity over responsiveness, in comparison to the priorities of nonprofit organizations, is stressed in Henry Hansmann, "The Role of Nonprofit Enterprise," *Yale Law Journal* 89, no 5 (1980). 835–901

27 Michael Lipsky and Marc A. Thibodeau, "Food in the Warehouses, Hunger in the Streets A Report on the Temporary Emergency Food Assistance Program" (Cambridge Massachusetts Institute of Technology, Department of Political Science, July 1985), p 43

28 For one expression of concern over this tendency, see Massachusetts Taxpayers Foundation, *Purchase of Service Can State Government Gain Control?* (Boston. Massachusetts Taxpayers Foundation, 1980)

29 This point is also made in Lester Salamon, "Partners in Public Service. The Scope and Theory of Government-Nonprofit Relations," in *The Nonprofit Sector*, ed Walter W Powell (New Haven, Conn Yale University Press, 1987), p 111

30 See Smith and Freinkel (n 7 above) The general impact on nonprofit agencies of contracting with government is treated in Michael Lipsky and Steven Rathgeb Smith, "Providing Social Services through Nonprofit Organizations" (paper presented to the annual meeting of the American Political Science Association, Chicago, September 1987)

31 On hunger, see the President's Task Force on Food Assistance, report (Washington, D C , January 18, 1984) Physician Task Force in America (n 4 above) Difficulties in counting the hungry are reviewed in the *New York Times* (November 15, 1987), sec E On homelessness, see *The Extent of Homelessness in America A Report to the Secretary on the Homeless and Emergency Shelters* (Washington, D C · Department of Housing and Urban Development, Office of Policy Development and Research, 1984) Methodological problems of this report are effectively addressed in excerpts from testimony prepared for delivery at congressional hearings by Chester Hartman and Michael Applebaum and reprinted in Erickson and Wilhelm, eds (n 1 above), pp 150–64

32 Joel Best, "Missing Children, Missing Statistics," *Public Interest* 90 (Summer, 1988) 84–92

33 Smith and Freinkel (n 7 above)

34 See, e g , the *New York Times* (December 17, 1985, February 15, 1986)

35 See the *New York Times* (November 23, 1987)

Theories of the Welfare State

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This article reviews the major modern theories of the welfare state. Beginning with the predominantly liberal ideological consensus of the 1960s, it shows how that consensus fragmented into theories of the right, center, and left. The strengths and weaknesses of each of these perspectives are analyzed. The article concludes with a discussion of the concept of rights as the most promising direction for the future development of theories about the welfare state.

The Great Depression established the welfare state, but it was not until after World War II that social scientists began to turn their attention to it as a governmental institution. Since then, theories of the welfare state have proliferated. There are theories of the welfare state as an agent of social reform and as an agent of social control. There are theories in which it is the product of conflict between classes, and there are functionalist versions in which classes do not even appear. In conceptions of the welfare state as a stabilizing institution, its benefits hold the society together. But in conceptions of it as an institution gone awry, the cost of those same benefits is both excessive and severely destabilizing.

As the social costs of a minimalist state have become more apparent in the late 1980s, the conservative view of the welfare state has lost its power, and there are signs we are approaching the threshold of a new conception that calls for increased public responsibility. These signs include the 1987 federal housing bill (House of Representatives

Social Service Review (March 1989)

0037-7961/89/6301-0007$01.00

4; Senate 825), the first since 1981, and a greater receptivity to the need for day-care provision.

The prospect of renewed growth for the public sector in this country is certain to intensify the debate about its role. This article analyzes the theoretical context for this debate dating back to World War II. Four theories are identified. They include the liberal ideological consensus that lasted from World War II until the early 1970s and the conservative, moderate, and left perspectives that emerged from the fragmentation of that consensus. This categorization is obviously schematic, and there are significant differences within each grouping. Moreover, since there is a vast literature about the welfare state, some guidelines are necessary. First, histories of the welfare state are excluded: despite some overlap, this writing constitutes a separate field of inquiry.[1] Second, it is also important to acknowledge the contribution of Ramesh Mishra, whose books represent one significant effort to classify the theories.[2] Although different categories are employed here, Mishra's work, especially in his earlier book, is invaluable for anyone trying to clarify the differences among these views.

The Ideological Consensus

The first, and for many years the dominant, theory was the ideological consensus of the post–World War II period, which lasted until it disintegrated in the early 1970s. Drawing on the pluralistic conventions of American political science, this consensus believed in the existence of a beneficent state. It assumed that this state funded social programs for interest groups when it was objectively right to do so.

Although theories of the welfare state during this period assume a variety of forms, many would question whether they were theories at all. This questioning has some validity. If, by a theory, we mean a major synthesis of a particular perspective, the first striking characteristic of this category is the lack of theory building. The empiricism of these postwar theories precludes the possibility of a grand synthesis. Practical, concrete, and dealing in observable facts, they tend to avoid abstractions and focus on single issues. The result is more a posture toward the welfare state than any active attempt to conceptualize its meaning.

Though no single work articulates the premises of this view, two of its most important assumptions—about interest groups and the role of experts—can be found scattered through many single-issue studies. Classes do not exist in these studies, but interest groups make a fairly regular appearance. These interest groups all have relatively equal power, and the claims they make on government are of comparable validity. In such circumstances, experts must decide among these claims on a case-by-case basis. Having considerable confidence in their own

expertise, the writers of these single-issue studies take a positive attitude toward the welfare state as a vehicle for gradual reform.[3]

Yet several efforts were made to develop more elaborate conceptions of the welfare state's role. Harold Wilensky and Charles Lebeaux's *Industrial Society and Social Welfare* (1965) is perhaps the most famous.[4] Commissioned to analyze the links between industrialization and social welfare, this work has the virtue of making a structural factor—industrialization—into the central issue. In retrospect, however, it overplays its hand. The real issue is not industrialization because welfare states have always developed on an industrial base. By itself, industrialization cannot determine the size of a welfare state, its means of funding, or its choice of a client population. These factors are best explained by each society's politics, economics, and culture. Industrialization theory does include a structural element. In this respect, industrialization theory represents an effort to go beyond ad hoc interpretations. But one factor alone is not enough, and this reliance on single causes leaves the theory seriously flawed.

A second theory of the welfare state is evident in functionalist sociology, especially the work of authors such as Talcott Parsons and Robert Merton.[5] Consistent with its view of other systems, functionalist sociology saw the welfare state as homeostatic. Change is therefore slow, and when it does occur, the system quickly absorbs it. By stressing integration, institutional complexity, and specialization of tasks to the exclusion of factors such as power, class conflict, and social inequality, functionalist analysis highlights the smooth operation of systems. Such a portrayal converts the welfare state, like every other system, into an ideal type. At this level of universality, distinctions among welfare states are downplayed, and so are their problems. Functionalist sociology differs from other postwar theories of the welfare state in the extent of its synthesis. But the theory's lack of conflict and belief in gradual change make it very much part of the same ideological consensus.

One British conception also deserves mention here: T. H. Marshall's view of the welfare state as a form of social citizenship.[6] Marshall postulates that along with civil and political rights, full participation in a modern industrial society entails social rights—a right to social citizenship. The concept of social citizenship should therefore be viewed as the British counterpart to the American notion of equal opportunity. In essence, equal opportunity affirms the existence of statutory rights that are often opposed to the values of the marketplace.

Marshall's theory has its problems. First, it is often difficult to transform rights in law to rights in practice. Second, by deemphasizing factors such as industrialization, the evolution of the class structure, and comparative social policy, Marshall is able to posit a simple progression of rights—political to civil to social—that the historical record does not reflect. For, as Mishra points out, the existence of civil and political

rights in the United States preceded, and in some ways forestalled, demands for rights of social citizenship. In Germany, though, the sequence was reversed, with Bismarck using social rights to deny full civil and political participation.[7] Thus, while granting social citizenship may be one function of the welfare state, this citizenship is hardly automatic. Instead, social citizenship must be won in political struggle, the outcome of which is determined by the relative strengths of the contending forces. Like his American counterparts in the post–World War II era, Marshall tends to minimize this struggle in the belief that rights to social citizenship will be continually expanded.

The ideological consensus disintegrated in the early 1970s. Two factors led to its breakup. First, the critique of pluralism and the notion of a neutral state used the experience of Vietnam and the civil rights struggle to undermine the idea of an impartial and disinterested government. Second, economic stagnation strengthened the argument of conservatives who asserted that the growth of the welfare state impinged on the functioning of a market economy. As long as economic growth had lasted, the chief tenets of the ideological consensus—empiricism, a faith in expertise, the absence of political conflict, and gradual change through the addition of new programs—had been easy to maintain. But when an increased cynicism about government was combined with a poorer economic performance, the ideological consensus came apart, and three new theories arose in its place. These theories may plausibly be labeled the conservative, moderate, and radical views of the welfare state.

The Conservative View

The economic slowdown galvanized the conservative movement. Conservatives blamed economic stagnation on the size of the welfare state. Firmly rooted in modern conservative thought, this interpretation built on a conception of minimal government developed by Hayek and Friedman.[8] Conservatives contended that an excess of social benefits had become a drag on capitalism's natural productivity. Under these circumstances, it was no wonder that welfare clients had become dependent. Unlike the poor of an earlier era, they lacked the spur of their own poverty.

Nor were the consequences of this dependency merely economic. As a result of the welfare state's ministrations, an entire class of people had freed themselves from the conventional system of rewards and constraints. This detachment from the rest of the society diminished social cohesiveness. For conservatives, the restoration of social cohesiveness required welfare cutbacks and work programs.

The first part of this effort to reform the welfare state is best articulated in Charles Murray's *Losing Ground.*[9] Murray believes that since the

welfare state is counterproductive, the entire federal welfare system for working-age persons—Aid to Families with Dependent Children (AFDC), Medicaid, food stamps, unemployment insurance, and workmen's compensation—should be scrapped.[10] That is the only way to prevent social programs from fostering dependency. In his view, "social programs in a democratic society tend to produce net harm in dealing with the most difficult problems. They will inherently tend to have enough of an inducement to produce bad behavior and not enough of a solution to produce good behavior; and the more difficult the problem, the more likely it is that this relationship will prevail."[11] The implications of this position are fairly explicit. Any inroads against poverty are best left to the marketplace and an economic policy of trickle down.

Generally, in conservative ideology, it would be best if this wealth trickled down to an intact, traditional family. Yet some fissures are becoming evident in this assumption. The increasing number of women in the work force makes it harder to justify welfare mothers remaining at home. A split is therefore emerging in conservative thinking on this issue. On the one hand, Gilder abhors what social programs have done to the relationship between men and women: "The male has the sinking feeling that his role as provider, the definitive male activity from primal days of the hunt through the industrial revolution and on into modern life, has been largely seized from him; he has been cuckolded by the compassionate state."[12] To support the traditional family, Gilder argues for family allowances and against workfare, which he sees as pulling mothers out of the home: "*Female domination of the work among the poor is the problem, not the solution*" (italics in the original).[13] To some conservatives, on the other hand, this policy is misguided. They believe that welfare mothers, like everyone else, must be initiated into the labor market. The result is a debate about which program—family allowances or workfare—would lead to a greater expansion of the welfare state.[14]

The proponents of workfare have very high expectations. Workfare would obviously refurbish the work ethic. But that is only its most immediate consequence. For conservatives such as Lawrence Mead, the real problem with social programs is their permissiveness: they grant benefits without insisting that people function well. In this strain of conservative thought it is not the size of the welfare state but rather its lack of authority that is unsettling. By placing a measure of conditionality on the receipt of social benefits by the poor, workfare enhances the state's power. It is therefore an integral component of the juridical welfare state, where clients, like other people, have both rights and obligations.[15]

The conflict between workfare and family allowances is nettlesome for conservatives because they confer such centrality on the marketplace

Unbuffered by a welfare state, the marketplace exerts great power, and a debate arises among conservatives about how that power is to be channeled and mediated. Some, like Gilder, split the private realm of family life from the public marketplace and see the family as sacred. For others, it is less important to protect the traditional family from the demands of the marketplace than it is to train welfare clients in its ways.

Even without such reforms, some conservative thought sees aspects of the welfare state performing a useful function. This utility necessarily involves affirmation and reinforcement of the marketplace. Thus, while social programs may well have gone too far in socializing risk, they also "[create] an atmosphere of safety more hospitable to long-range ventures and investments."[16] The welfare state is always going to be problematic for conservatives because it runs counter to their most deeply held beliefs. Yet conservatives are willing to reconcile themselves to its existence when the welfare state gives evidence of being stricter, more oriented to work, and truly committed to helping private enterprise.

The Moderate View

The economic slowdown invigorated the conservative critique of the welfare state and weakened the position of many liberals. For these proponents of the ideological consensus, the appearance of fiscal constraints was especially disruptive. Without fiscal constraints in the 1960s, the welfare state grew in steady, measured steps; with fiscal constraints in the 1970s, it seemed to falter. In the moderates' view, the appearance of these fiscal constraints showed that the limits of the American welfare state had at last been reached.

Liberal theorists have, for the past 15 years, been divided into groups, representing four discrete positions that can be identified as a response to these limits. The first group consists of those who initially saw the constraints on the horizon. The second is theorists who try very hard to balance social and economic markets. The third is composed of those who have advocated the trade-off of fewer demands on the welfare state for other forms of power. And last, there are the neoliberals, who argue that social spending as an investment in human capital will produce a welfare state that is more efficient and economically competitive.

Harold Wilensky's *The Welfare State and Equality* exemplifies the first group of writings.[17] Published in 1975, the book clearly illustrates the author's change in outlook since his coauthorship of *Industrial Society and Social Welfare* 10 years earlier. While the tone of the book is still optimistic, the author intimates that some problems may lie ahead. These problems include an increasing concern about taxes as well as

the possibility of a campaign, led predominantly by better-paid white workers, against the welfare state. As Wilensky puts it: "Among welfare state leaders the revolt of the middle mass has been limited partly because political elites committed to the welfare state have mobilized a strongly organized working class that reaches down to the poor and up to lower-white-collar strata, and partly because the benefits are substantial and widespread. Nevertheless, as welfare, health, and education costs soar and the tax burdens of the middle mass grow heavier, the potential for welfare backlash greatly increases."[18] The fiscal constraints may not have solidified yet: it is still a little early. But Wilensky's analysis catches a moment in time. As some apprehension begins to seep into his writing, the continued expansion of the welfare state is placed in doubt, and its future becomes clouded.

A second group of authors have more than a foreboding: they struggle with the existence of the constraints after they have arrived. For these moderates of the 1980s, the welfare state has reached the limits of its financing. To some, like Spivey and Zald,[19] reaching these limits means that the nature and extent of social programs will have to be reconceptualized. Others, like Glazer and Gilbert,[20] adopt a more punitive tone. In their view, the limits were not merely reached—they were violated. Approving of the discipline to which the welfare state has since been subjected, they welcome attempts to reestablish a balance between social welfare and the needs of private enterprise.

It is their approval that distinguishes them from the group that wants trade-offs. This third group agrees that limits have been placed on the welfare state But instead of reducing the supply of social programs, they are more interested in lessening the demand. What they propose, in essence, is an exchange. Janowitz, for example, suggests that demand could be curtailed in exchange for greater citizen participation.[21] Logue is of a similar mind, but for him the workplace is the best arena, and greater worker participation is what should be offered.[22] These inducements reflect a tactical difference. Where the second group wishes to subject the welfare state to compulsory cutbacks, the third group is seeking to employ a voluntary approach in order to effect a reduction of demand.

Finally, among the moderates, there is the phenomenon of neoliberalism.[23] Fundamentally corporatist in its vision, the neoliberal welfare state justifies social expenditures as an investment in people. This money is not allocated because the poor are needy, or because the welfare state is benevolent. The rationale is, rather, that, since the poor are already costly, the money is far better spent equipping them with useful skills. Work, efficiency, and international competitiveness are the hallmarks of this welfare state.

These characteristics are no accident. The welfare state lost public support when its functions were seen as opposed to those of the private

marketplace. The neoliberal theory of the welfare state is designed to resolve this conflict: integrate the functions of social welfare into business, and the conflict disappears. Such a strategy may well gain some public support, but it neglects that portion of the population—the young, the old, and the otherwise unemployable—who cannot work.[24] Since those who cannot work are the very people whom the welfare state was established to serve, neoliberals risk sacrificing them in their effort to lay out a more politically acceptable program. Essentially, this program resurrects the distinction between the worthy and unworthy poor but omits the moralizing. Now an unwed mother is a member of the worthy poor as long as a cost-benefit analysis shows that her work exceeds the value of an investment in day care.

Although the positions of these moderates differ, they share the same political dilemma. Their views were forged at a time when the welfare state was under especially sharp attack. If some allied themselves with this attack, others sought to deflect it, either by voluntary controls or redefinition of the welfare state's functions. Sometimes enthusiastically and sometimes with reluctance, they defined their task as coming to terms with the limits of social welfare in a market economy, and this task left an indelible imprint on their vision.

The Radical View

Since the early 1970s, theorists of the welfare state on the left have entertained an entirely different project. Instead of affirming the primacy of the private sector or seeking a reconciliation with it, these theorists have tried to understand the role of the welfare state as it interacts with a market economy. The purpose of this theoretical exploration is to identify the limits placed on the welfare state so that those limits can be pushed back.

Pushing the limits back necessitates abandoning the functionalism that occasionally mars such theories. The functionalism of the left differs from that of Parsons and Merton but it is functionalism nonetheless. By theorizing at a high level of abstraction, all social welfare institutions become expressions of capitalism's needs. Capitalism then becomes a homeostatic system that is endlessly capable of reproducing itself.

But despite this tendency within the perspective, there is also a more strategic view. This strategic view attributes to the welfare state a number of unique political and economic functions. These functions are (1) regulation of the poor, (2) accumulation and legitimation, and (3) ensuring the existence of a future workforce/maintenance of the nonworking population. Each function is elaborated below.

Piven and Cloward's *Regulating the Poor* has become a social welfare classic.[25] Its impact can be explained by the historical perspective laid

out here. Prior to the publication of *Regulating the Poor,* benevolent motives were usually attributed to the welfare state: the institution might be imperfect, but no one questioned its intentions. Piven and Cloward punctured that confidence. Their now-familiar argument, that public assistance was increased in turbulent times only to be cut back when the tumult subsided, sparked a vigorous debate.[26] More recently, it has led to some creative feminist scholarship about the welfare state, which diversifies the regulatory functions of welfare to include women's work in the home.[27] And though Piven and Cloward now believe that the pattern they described in *Regulating the Poor* is more typical of the past than the future,[28] their critique effectively ended the belief in the welfare state's beneficence and therefore represents a major milestone in the development of theories about it.

Another influential theory, the concept of accumulation and legitimation, has emerged out of the work of James O'Connor.[29] In this interpretation, the welfare state performs two essentially contradictory functions. On the one hand, the state must create the conditions that make accumulation possible. On the other, the state cannot behave in a manner that calls into question the legitimacy of the society. Clearly, there is much tension between these two responsibilities. Excessive attention to the demand for accumulation disrupts social harmony. But social harmony won at the price of a generous social wage can undermine the potential for capital accumulation. The state must therefore conduct a balancing act, shifting its emphasis from one responsibility to another as the occasion demands.

In some leftist theories of the welfare state, these functions are renamed and their relationship is seen as complementary rather than conflictual. Accumulation then becomes the need to retain business confidence, and legitimation is transformed into the maintenance of the society's political and economic structure.[30] In this view, the welfare state is detached from the direct influence of business. Guided by its own institutional imperative, the state maintains the existing political and economic arrangements because it depends on the taxes derived from a healthy economy. For their part, businessmen may be conscious of their individual interests but they do not act collectively to perpetuate the social order. Hence the needs of business and the state converge Businessmen need the welfare state to guarantee the continued existence of the society's major political and economic institutions; the welfare state needs business for the revenues that prosperity brings.

A third strand in the left's analysis emphasizes another dimension of the welfare state's activity: its role in ensuring the existence of a future labor force and maintaining the nonworking population. Some authors like Ian Gough and Allan Moscovitch connect this analysis to concepts such as accumulation and legitimation,[31] but others tend to

present it as a more complete explanation of the state's role.[32] According to this interpretation, the social programs of the welfare state either maintain that segment of the population that is not working—Aid to Families with Dependent Children, Supplemental Security Income, and Social Security, for example—or they help to make sure that the children of current workers will one day fill a position in a future labor force. Benefits and services to the retired do not reproduce the labor force, but almost every other social program does. Some, such as a health program for the current work force, sustain current labor. Other programs help to produce a future labor force, either by attending to the needs of children or maintaining a part of the unemployed population until the economy requires them. In some welfare states, benefits and services are delivered regardless of the recipient's relationship to the labor market. These welfare states are organized around universal rather than selective principles, and their social policies help to provide sufficient labor for both the current and future work force.

While reproduction of the labor force may be a less total explanation of the welfare state's role than reproduction of the society's political and economic arrangements, a focus on the ability of capitalism to perpetuate itself epitomizes the very tendency toward functionalism that critics have cited. Nor is this tendency the theory's only weakness. As Mishra points out, such theories also fail to distinguish between intended and unintended consequences of policy-making. And lacking a comparative perspective, they often do not differentiate between capitalism and industrialism as separate but related influences on the development of the welfare state.[33]

This diagnosis of its theoretical weaknesses suggests that the perspectives of the left need specifics and grounding in empirical data. Case studies would be ideal for this purpose. They would provide data for comparison and make the hypotheses testable. But despite these benefits, few such studies have been done.[34] As a result, much of this scholarship remains a provocative abstraction that is unlikely to convince anybody who is not already so inclined.

The Debate about Rights

This debate about theories of the welfare state is in many ways a debate about rights. Recent scholarship has consistently defended the welfare state as an important bulwark against the destructive effects of the marketplace, and it has done so while gradually abandoning its less differentiated versions of social control.[35] Although some of these analyses view the welfare state as reflecting the steady accumulation of rights, the whole question of a right to an entitlement—indeed, of a right to a social wage—is highly controversial.[36] The main issue here

is the conflict between the rights of property and the rights of persons. As the latter become more closely associated with the welfare state, the conflict is bound to grow.

This conflict is rooted in a clash between two distinct political traditions. In one, the classical legacy of John Locke, property constitutes an economic and political counterweight to the state's power. By giving individuals a financial stake in the society, it ensures that they will behave responsibly. Civil libertarian rights may then accrue to them. By contrast, in the radical democratic tradition, people need protection from both the power of government and the power of private property. Invoking the communitarian vision of personal rights and popular democracy, this tradition declares that commodities such as medical care and affordable housing are a natural right.

The ideological consensus assumed the nonconflictual evolution of the welfare state. As long as the welfare state grew, it was not necessary to assert the superiority of one person's rights over another's. When the economy slowed, however, new theories of the welfare state appeared, and each of these theories clearly rests on a different conception of rights. Consistent with their political tradition, both conservatives and moderates affirm in varying degrees the rights of property over the rights of persons. For conservatives, social welfare policies represent a form of charity organized by the state. Although these policies are codified in law, no rights are embedded in them. For moderates, however, social welfare is neither charity nor an absolute entitlement. In practice, this means that while social welfare may make certain claims against the right to property, every claim must be weighed against competing political and economic interests. Of course, for the radical theorists who believe the right to a social wage is absolute and unconditional, no such judgment has to be made.

There is no easy way of reconciling the differences among these views. But the concept of rights is a rich one that can help to illuminate the premises on which theories of the welfare state are based. It would be helpful if, in the future, theorists of the welfare state set forth their assumptions about the question of rights so the question itself can be given a high priority on the next agenda for welfare state research and theory development.

Notes

1. See, e.g., Gaston F. Rimlinger, *Welfare Policy and Industrialization in Europe, America, and Russia* (New York: Wiley, 1971), P. Flora and A. Heidenheimer, eds., *The Development of the Welfare States in Europe and America* (New Brunswick, N.J.: Transaction, 1981) and Douglas Ashford, *The Emergence of the Welfare States* (New York: Blackwell, 1987).
2. Ramesh Mishra, *Society and Social Policy: Theories and Practice of Welfare* (London: Macmillan, 1981), and *The Welfare State in Crisis* (New York: St. Martin's, 1984).

3 See, e g , Eveline M. Burns, *Social Security and Public Policy* (New York McGraw-Hill, 1956), Gilbert Steiner, *The State of Welfare* (Washington, D.C. Brookings Institution, 1971), Daniel P Moynihan, *The Politics of a Guaranteed Income* (New York. Vintage, 1972), Henry J Aaron, *Shelter and Subsidies Who Benefits from Federal Housing Policies?* (Washington, D C Brookings Institution, 1972), and Joel F. Handler, *Welfare Policy, Federalism, and Morality* (New York Basic, 1972) For the British equivalent, see Richard Titmuss, *Commitment to Welfare* (New York Pantheon, 1968).

4 Harold Wilensky and Charles Lebeaux, *Industrial Society and Social Welfare* (New York Free Press, 1965)

5 Talcott Parsons, *The Social System* (Glencoe, Ill Free Press, 1951), Robert Merton, *Social Theory and Social Structure* (Glencoe, Ill Free Press, 1949).

6 T H Marshall, *Class, Citizenship, and Social Development* (Garden City, N Y Doubleday, 1964)

7 Mishra, *Society and Social Policy*, p. 232

8 Friedrich A Hayek, *The Road to Serfdom* (Chicago: University of Chicago Press, 1944), Milton Friedman, *Capitalism and Freedom* (Chicago University of Chicago Press, 1962)

9 Charles Murray, *Losing Ground American Social Policy, 1950–1980* (New York. Basic, 1984)

10 Ibid , pp 227–28.

11 Ibid , p 218

12 George Gilder, *Wealth and Poverty* (New York Basic, 1981), p. 115

13 George Gilder, "Welfare's New Consensus," *Public Interest* 89 (Fall 1987) 21.

14 See Allan Carlson, "Facing Realities," *Public Interest* 89 (Fall 1987)· 34–35

15 Lawrence Mead, *Beyond Entitlement The Social Obligations of Citizenship* (New York Free Press, 1986), p 264, see also "The New Welfare Debate," *Commentary* 45 (March 1988) 44–52

16 Gilder, *Wealth and Poverty*, p 111

17 Harold Wilensky, *The Welfare State and Equality* (Berkeley University of California Press, 1975)

18 Ibid , p 117

19 W Allen Spivey, "Problems and Paradoxes in Economic and Social Policies of Modern Welfare States," *Annals* 479 (May 1985) 14–30, and Mayer Zald. "Political Change, Citizenship Rights, and the Welfare State," *Annals* 479 (May 1985)· 48–66.

20 Nathan Glazer, "Roles and Responsibilities in Social Policy," in *The Welfare State in Crisis, an Account of the Conference on Social Policy in the 1980's* (Paris. Organization for Economic Cooperation and Development, 1981), and Neil Gilbert, *Capitalism and the Welfare State* (New Haven, Conn Yale University Press, 1983). More recently, Gilbert appears to have shifted his position Disagreeing with the extent of privatization under Reagan, he is now criticizing many of the same policies he previously appeared to favor. See "The Welfare State Adrift," *Social Work* 31, no 4 (July/August 1986)· 251–55

21 Morris Janowitz, *Social Control of the Welfare State* (Chicago University of Chicago Press, 1976)

22 John Logue, "The Welfare State: Victim of Its Success," *Daedalus*, no 108 (Fall 1979), pp 69–87

23 See Charles Peters, "A New Politics," *Public Welfare* (Spring 1983), and Robert Reich, *The Next American Frontier* (New York Penguin, 1983).

24 For a critique of neoliberalism, see Gilbert, "Welfare State Adrift", and David Stoesz, "Functional Concept of Social Welfare," *Social Work* 33, no 1 (January/February 1988) 58–59

25 Frances Fox Piven and Richard Cloward, *Regulating the Poor* (New York· Vintage, 1971)

26 See, e g , Walter Trattner, ed., *Social Welfare or Social Control? Some Historical Reflections on Regulating the Poor* (Memphis University of Tennessee Press, 1983).

27 See Mimi Abramovitz, *Regulating the Lives of Women* (Boston South End Press, 1988)

28 See Frances Fox Piven and Richard Cloward, *The New Class War* (New York Pantheon, 1982), pp xi, 29.

29 James O'Connor, *The Fiscal Crisis of the State* (New York. St Martin's, 1973); see also Claus Offe's similarly premised *Contradictions of the Welfare State* (Cambridge· MIT Press, 1984)

30 See Fred Block, "The Ruling Class Does Not Rule," *Socialist Revolution* 7, no 3 (May/June 1977)· 6–28, Theda Skocpol, "Political Responses to Capitalist Crisis· Neo-Marxist Theories of the State and the Case of the New Deal," *Politics and Society* 10, no 1 (1980). 155–201, and "Bringing the State Back In Strategies of Analysis in Current Research," in *Bring the State Back In*, ed Peter Evans, Dietrich Rueschemeyer, and Theda Skocpol (New York: Cambridge University Press, 1985), pp 3–37.

31. Ian Gough, *The Political Economy of the Welfare State* (New York Macmillan, 1979), Alan Moscovitch, "The Boundaries of Social Welfare Policy," *Catalyst* 2, no 2 (1980)· 89–94

32. See Jack Wayne, "The Function of Social Welfare in a Capitalist Economy," pp 56–84; and James Dickinson and Bob Russell, "The Structure of Reproduction in Capitalist Society," in *Family, Economy and State*, ed James Dickinson and Bob Russell (New York St Martin's, 1986)

33 Mishra, *Society and Social Policy* (n 2 above), pp 92–94

34 Two recent exceptions are Skocpol, "Neo-Marxist Theories of the State," and Joel Blau, *The Visible Poor* (New York Oxford University Press, in press)

35 See, e g , Frances Fox Piven and Richard Cloward, *The New Class War*, also, Fred Block, Richard Cloward, Barbara Ehrenreich, and Frances Fox Piven, *The Mean Season* (New York Pantheon, 1987), and Gosta Esping-Anderson, "After the Welfare State," *Working Papers* 9, no 3 (May 1982) 36–41

36. See, e g , Robert Morris, *Rethinking Social Welfare* (White Plains, N Y Longmans, 1986), for an overview, Robert Nozick, *Anarchy, State, and Utopia* (New York Basic, 1974), for a conservative view, John Rawls, *A Theory of Justice* (Cambridge, Mass Harvard University Press, 1971), for an important statement of the liberal position, and Samuel Bowles and Herbert Gintis, *Democracy and Capitalism Property, Community, and the Contradictions of Modern Social Thought* (New York: Basic, 1987), for an interesting attempt at radical theory building Jeremy Waldron, ed , *Nonsense upon Stilts Bentham, Burke and Marx on the Rights of Man* (New York Methuen, 1987), is also useful For a legal overview, see Peter R Edelman, "The Next Century of Our Constitution Rethinking our Duty to the Poor," *Hastings Law Journal* 39, no 1 (November 1987) 1–61 Last, James Langdon and Mark Kass, "Looking for the Right to Shelter" (*Columbia Journal of Law and Social Problems* 19, no 3 [1985] 385–92), is a good example of the application of this concept to a specific issue

Meaning Construction and Social Work Practice

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A hermeneutic approach that attempts to understand the complex ecology of interacting meanings of events in any person-situation configuration is central to social work. Examples from social work practice in a hospital setting are used to illustrate how practitioners use naturalistic and interpretive modes of inquiry. A parallel between such practice and ethnographic research is drawn to highlight important issues for social work, including the validation of interpretation and the need for reflexivity.

The Search for "Meaning" in Practice

Social workers are involved in searching for the meaning of events and behavior. In some important respects this is akin to the ethnographer who seeks to understand the culture of another society and, in order to do this, critically examines the frames of reference internalized from his or her own culture. For the practitioner this is not only an intellectual endeavor but a precondition of action.

It is not surprising that such a view should arise in an intellectual climate in which postpositivism is in vogue and hermeneutics is in ascendancy in a broad range of disciplines, from literature to history and psychoanalysis. The recent work of Hugh England and Mary Rodwell demonstrates the embryonic emergence of a hermeneutic perspective in both British and American social work theory. This article, from an Australian social work context, is from a similar per-

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spective and argues that, while a hermeneutic approach may be new to social work theory, it is by no means new to social work practice.

England has argued that understanding the client's interpretation of the world is the defining characteristic of social work. "It is this condition that makes social work personal service rather than impersonal assessment for predefined material or practical service . . . that social workers will need to know about the meaning of experience is the only constant and the only necessary element in all social work accounts."[1]

From this premise England develops the argument that "intuition" and "uncommon common sense" are as important in guiding the practitioner as the application of formal theory derived from the behavioral and social sciences. Such interpretive understanding is seen by England as having close affinity with literature and as being of the same order as "art."

While the argument presented in this article begins with the same premise as England's—that the interpretation of meaning is a core element in social work practice—it draws the parallel between social work practice and the naturalistic methodology of ethnography rather than with art. Furthermore, it is argued that what England calls the "intuition" of the practitioner is better conceptualized as tacit knowledge, or practice wisdom. Such knowledge is inductively derived from experience, and shapes the practitioner's cognitive schema.

Mary Rodwell has recently touched on this issue in her call for naturalistic inquiry as an alternative model of social work assessment to that derived from linear positivist assumptions. "In their efforts to perceive, analyze and explain behavior, social workers have adopted notions of linear causality derived from nineteenth-century science and medicine and have made them the heart of social work diagnosis Understanding has not been achieved . . . because social work assessment or diagnosis has evolved from basic assumptions that are somewhat alien to the principles of social work practice."[2]

It is argued here that social work practitioners have long practiced naturalistic inquiry in the process of assessment while perhaps typically reframing it in a more linear way in the written form of assessment. The classic texts on casework, cited by Rodwell as evidence of linear thinking in assessment, may not reflect the reality of practice.

Illustrations drawn from social work practice in a women's hospital will be used to illustrate this argument For example, while responding to the immediate practical and emotional needs of a female rape victim, acting as her advocate to other service providers, contacting and supporting significant members of her social network, and coordinating follow-up medical services, the social worker is immersed in a continual process of naturalistic inquiry.

It is through this process that the practitioner assesses or makes sense of the situation and develops a plan of intervention. While the

process is primarily one of interpretation, it does not usually involve interpretation directly to clients in an insight-oriented sense.

In assessing a situation, the practitioner is engaged in developing a series of working hypotheses about what an event may mean or come to mean to the key actors involved. For example, what might rape mean to the victim in relation to self-perception, sense of control and autonomy, sexuality, and relationships with others? What might it mean for significant others in her life and how might this influence their response to the victim? What might it mean for the police and medical and nursing personnel at this moment in the emergency department of the hospital? At the level of self-awareness, what does it mean to the social worker, and how might this facilitate or inhibit the ability to deliver an effective service?

Each case is a unique constellation of possible meanings and definitions of the situation by various actors or, as Rodwell calls them, "the multiple realities of all participants involved, including that of the social worker."[3] Such multiple realities are in dynamic interaction as the actors relate with one another not only in the light of what the event means to each of them but also in the light of how they perceive what it means for others, thus producing a complex ecology of realities.

Since a similar event may have different meanings for different individuals, each case needs to be seen in its own light and the possible meaning inductively derived from the specific case rather than deductively derived from a notion of a universal meaning of the event. Assessment is thus a highly ideographic endeavor, although each case is perceived through the preexisting cognitive schema or internal frame of reference of the practitioner, which is itself shaped by many influences and includes previous cases.

The agency may also have a particular meaning for clients, and understanding what this may be is important in interpreting client behavior. The meaning of an agency may be idiosyncratic for an individual or may be mediated by his or her membership in a particular social class or ethnic group. This is sometimes complex and not self-evident, as is illustrated in an observational study of clients using a maternal and child health center.[4] The difference between the child management styles of the upper-middle-class university-educated mothers and the lower-class mothers using one center was very apparent. The middle-class mothers appeared liberal to the point of permissiveness in their limit setting while the lower-class mothers appeared authoritarian and punitive.

This could have been understood at face value in terms of class differences in child-rearing behavior, but the extreme divergence seemed to require an additional explanation. Observations of the mothers in their homes suggested that the differences between the groups in that context were less extreme. In interviewing the mothers in their homes,

it became apparent that both groups of women were anxious to present themselves as "good mothers" according to what they perceived to be the nurse's expectations.

This led to the interpretation that, while the meaning of the clinic was similar to both groups (it was a stage on which they felt some pressure to act out the role of good mother), the definition of a good mother was different for each group. For the middle-class mothers, being a good mother in their own eyes and those of the nurse meant being liberal and child centered in their child-rearing style. For the lower-class mothers, being a good mother meant having children who could behave properly in a public place.

Without a recognition of what the agency may mean to the clients, the practitioner may be inclined to make distorted judgments about their behavior. Exploring the possible meaning of the context to the actors counters the tendency to perceive behavior at its face value as simply a function of membership in a category defined by such variables as social class or ethnicity

A Conceptual Framework of Meaning Construction

Two theoretical frameworks are useful in conceptualizing an interpretive mode of practice: the psychological theory of cognitive schema and the sociological theory of reality construction.

The concept of cognitive schema, derived from cognitive psychology and extensively applied in social psychology, refers to the abstract or generic knowledge structures stored in memory that specify the defining features, relevant attributes, and interrelations among attributes Schemata develop with increasing experience and help structure and interpret new information. While schemata are changed by exposure to incongruent information, there is frequently resistance to their alteration through adapting the stimulus to fit the perceiver's schema.[5]

Social workers who have extensive experience with a particular category of events or problems have the opportunity to observe their recurrent patterns of meanings and how they relate to the outcome of the situation. The social worker in the hospital setting described above is thus able to develop a range of cognitive schemata on phenomena such as rape, abortion, cervical cancer, stillbirth, and infertility. Such schemata enable the practitioner to be sensitive to certain cues in the client's presentation and to make assessments and predictions based on past cases that are both similar and different.

These experientially derived schemata form the basis of practice wisdom or the practitioner's tacit knowledge. Practice wisdom is often called "intuition" because the practitioner may not be consciously able

articulate the schema underlying his or her intuition. Roberta Wells
ire, in her discussion of tacit knowledge in social work practice,
iws on the ideas of Michael Polanyi, a philosopher of science, and
scribes intuition as "a spontaneous process of integration of tacit
es bearing on the problem."[6] Donald Schon refers to it as "knowing
action" and argues that such knowing is central to the knowledge
all professions.[7]

In their theory of the social construction of reality, Peter Berger
d Thomas Luckmann, distinguish between intrasubjective and in-
subjective meanings of events.[8] The intrasubjective meaning is idio-
icratic—what the event signifies in terms of the actor's personality
d biography. The intersubjective meaning is sociocultural—what
· event signifies in terms of the values and norms of the individual's
bculture and of the broader culture to which the actors belong.

This distinction can be applied to service providers and clients. For
ample, the rape of a client may have an intrasubjective meaning to
ervice provider that is quite idiosyncratic. It may also have an in-
subjective meaning in relation to an occupational subculture as
edical, legal, and social work professions have different roles and
ganizational domains in relation to the event. Rape may also have
intersubjective meaning for the service provider that reflects the
ige of meanings rape has in the broader society.

To decipher such a set of interrelated meanings operating at different
els of analysis, a psychosocial framework of assessment is required
it avoids the dangers of both psychological (intrasubjective) and
iological (intersubjective) reductionism. It requires interpersonal
well as analytical skills.

The practitioner must have the sensitivity and empathy necessary
take the position of the other. This does not mean *becoming* the
ier In the words of Clifford Geertz, "The ethnographer does not,
d in my opinion, largely cannot, perceive what his informants perceive
hat he perceives—and that uncertainly enough—is what they perceive
th"[9] The ethnographer tries to decipher what the world may look
e to the native while not actually seeing the world in this way himself.
ertz thus distinguishes between the attempt to reconstruct the schema
the informant and "going native." Rodwell makes the point that
ien social workers talk of overidentification with the client they are
scribing something akin to going native.[10]

The analytic and interpersonal processes involved in deciphering
eaning for the individual are also apparent in social work practice
h families. For example, working with a family involves developing
me sense of the family's culture. Ann Hartman and Joan Laird, in
eir framework of family assessment, pose the following question:
'hat are the meanings, values, rituals, ceremonies, myths, pattern

regulators which maintain the family rules?"[11] It is no coincidence that the language used has parallels with the language of anthropology.

The Organization as a Subculture

The practitioner's understanding of the organizational context of practice can also be conceptualized as similar to anthropological understanding Organizations constitute subcultures that ascribe significance to certain categories of individuals and events. In a hospital, patients and medical procedures have differential meaning and status. For example, the fetus in an obstetric hospital can be seen to have a different meaning and status according to whether it belongs to the abortion clinic, the general prenatal clinic for public patients or the in vitro fertilization clinic for infertile private patients. The meaning of the fetus thus changes from floor to floor of the hospital building.

Social workers, as natives of organizational subcultures, have inside knowledge of the organizational meanings of events and may adapt their behavior accordingly. Those who are skilled organizational operators can use inside knowledge of the organizational culture at the case advocacy, policy, and organizational change levels by manipulation of the informal power structure or by appealing to the organization's myths and legends.

Organizational culture has also been studied from the outside looking in. The classic work of Irving Goffman on the behavior of staff and inmates in closed institutions[12] has been built on by anthropologists, including the recent work of Mary Douglas on how institutions think.[13] Donald Handelman's research on the interaction of practitioners and clients in child welfare bureaucracies highlights how social workers may "build a case that makes sense within the context of a bureaucratic life world."[14]

Sometimes the richest organizational ethnographies have been the result of imposed participant observation such as Bruno Bettelheim's classic study on the behavior of guards and prisoners in a concentration camp.[15] Interestingly, as Bettelheim reflects, the very act of conceptualizing his observations served as a defense mechanism to cope with this extreme situation, as well as to provide knowledge that had survival value in that context. Insights from such studies can enhance the practitioner's ability to understand the organizational culture.

Decoding the organizational culture is not an activity performed only by anthropologists or exceptional individuals under exceptional conditions. In the words of Anthony Giddens, "All social actors . . are social theorists."[16] As part of being an actor in any situation, one seeks to understand the roles, norms, informal power structure, rituals, unwritten rules, and group dynamics that are operating in the setting.

Organizations socialize their members into the norms of the organizational subculture and thus into defining reality in the light of the overt and manifest functions of the organization. Human service organizations classify and process clients according to predetermined stereotypical categories and procedures.[17] The practitioner, as employee, comes to see individuals in terms of an organizational schema.

Professions also socialize their members into professional schemata that are sometimes incongruent with the organizational schema. The tension between the organizational and the professional definitions of objectives and tasks is a recurrent theme in organizational theory.[18] A common example of this conflict in a hospital setting is the tension between the organizational pressure to clear beds by discharging and placing patients as quickly as possible and the professional social work norms requiring a standard of discharge planning that meets the needs of individual patients and their families.

Social workers probably deal with this sort of tension by identifying more strongly either with the organizational or with the professional definition of their role.

The Issue of Verification

How is the validity of an interpretive hypothesis at either the psychological or sociological level to be assessed by the practitioner or the researcher? The issue of verification lies at the heart of the major debates on the differences between the nature of explanation in the natural sciences and the human sciences. From a hermeneutic perspective, the "unfalsifiability" of an interpretation is not of great concern, as disciplines such as anthropology and psychoanalysis (in the tradition of Lacan) are seen to be unconcerned with the development of causal laws that can be empirically tested. Rather, they are seen to be fundamentally concerned with decoding the meaning of behavioral symbols.[19] Relativism is thus inescapable although it does not obviate the need to demonstrate the evidence on which a particular interpretation is based.

The practitioner, like the researcher, must make judgments about the value of one interpretation over another. The practitioner making such a judgment is guided by a process of checking out with the client. The practitioner typically does this by trying to establish whether the interpretation is congruent with the client's definition of the situation by offering the interpretation in the language of the client. Clinical cliches such as, "It seems as if you're saying that it (event X) meant   for you," are illustrations of this process. The practitioner may use metaphors or analogies that may be particularly meaningful to the client. "It sounds as though the kids are behind the steering

wheel and you're in the back seat," is an example of a metaphorical expression of perceived role anomaly within the family system.

However, client acceptance of the practitioner's interpretation cannot be equated with the validation of the hypothesis. Clients may accept an interpretation that is false. Nor can client rejection of the interpretation be equated with its verification. This can be illustrated by the case of a man in the hospital setting described above who made repeated appointments to tell the social worker how angry he was that she had assisted his wife to leave him. While not dismissing the reality of his rage, she interpreted his repeated visits as a request for help. At the first three interviews he adamantly rejected the suggestion that he might feel hurt as well as angry, but at the fourth interview, when this same suggestion was made, he strongly expressed the intense pain he felt in relation to this and previous losses.

From a psychodynamic perspective, the very strength of his resistance is indicative of the validity of the interpretation. In this sense, the hypothesis is validated whether the client responds in the affirmative or the negative. Unfalsifiable concepts, such as unconscious denial or false consciousness, must therefore be used cautiously While one may question the utility of an unfalsifiable proposition, concepts such as defense mechanisms have a useful face validity in situations in which it is difficult to offer an equally satisfactory alternative explanation.

The Issue of Reflexivity

Ultimately, the practitioner must make judgments about which interpretation is the most useful But what are the criteria for such judgments when the very observation on which they are based is filtered through the schema by means of which the interpreter interprets? Fundamental to this question is the assumption that perception is theory laden, that the observer never views reality with the naked eye but always peers through a lens that is covered with filters that give form to the image perceived. The need for reflexivity, or reflecting on one's interpretive practices, is a key issue in ethnomethodology.[20]

In exploring this issue, Malcolm Crick has argued that anthropologists "are not dealing with facts simply registered but with highly symbolic, inter-subjective, inter-cultural creations" and that "our resultant anthropological knowledge necessarily bears some of the ambiguity and uncertainty of its inter-subjective origins."[21] He advocates a "personal/experiential" approach in fieldwork so that the methods by which anthropologists get their data are as fully described as possible. Crick criticizes the lack of attention paid to the "how, when and why of translation in anthropological knowledge," from the "descriptive" act of fieldwork to the "conceptualised" final form.

This argument could have a parallel with the possible gap between the actual practice of social work and its conceptual reconstruction. Consideration of such issues, only recently evident in anthropology, has not been prominent in social work theory.

However, reflexivity has not been absent altogether in social work practice. Clinical supervision can be seen to perform this role in part when the supervisor acts as a sounding board or, more in keeping with the visual analogy, acts as a lens through which the supervisee can "see" his or her own filters. Reflexivity is most obvious in clinical social work when workers understand countertransference (the intrasubjective meaning of the client for the worker) and come to see why they may have felt about and responded to the client as they did.

But the filters are not composed only of the personal idiosyncracies of the worker. The intersubjective filters, those which are also likely to be shared with the supervisor, are easily obscured from vision precisely because of their quality as shared definitions of reality. Is it a perceptual impossibility to look at the lens at the same time as one is looking through it?

The term "auto-anthropology" has begun to appear in the anthropological literature as attention is turned to anthropological research undertaken by anthropologists in their own societies. At a recent conference of the Association of Social Anthropologists on doing anthropology at home, it was argued that such work required an even greater attention to reflexivity. "The assumption is that we become more aware, both of ourselves when turned into objects of study, in thus learning about our own society, and at the same time, in becoming sensitive to methods and tools of analysis."[22]

Essentially, how we speculate about the way that others construct their reality is a subjective process. Clifford Geertz, in a recent paper entitled "Being There," explored the inherent subjectivity in ethnographic writing.[23] Geertz distinguished between the discourse and the signature of an ethnography. Of the discourse he posed the question, "What is it that is said?" Of the signature he asked, "How is the author made manifest in the text?" Geertz argued that the reader judges the plausibility of an ethnographer's analysis by the degree to which the ethnographer is able to portray convincingly the experience of "being there." To Geertz, ethnography is thus created from biographical experience, and ethnographers must face the issue of subjectivity by "grasping the horns of the signature dilemma." This is also a challenge for social work practitioners.

Theory as Filters of Reality

In a discipline like social work, which draws on a range of theoretical perspectives from different levels of analysis (biological, intrapsychic,

interpersonal, cultural, and political), the practitioner is likely to be exposed to conflicting schemata. The dichotomy between the private (individual) and the public (structural) explanations of social problems expressed in the debates in social work in the past two decades is a clear example of interschema conflict. A central issue in the identity of social work is precisely how heterogeneous the schemata of the profession can become before the field ceases to be a coherent profession.

Formal theory contributes in an important way to a profession's schemata, along with the profession's values and political interests. Theoretical frameworks ascribe meaning to phenomena, and these can be uncritically internalized by the practitioner seeking structure and certainty in the midst of the uncertainty of practice. An example of this in the hospital setting described is the phenomenon of incest, which has been ascribed different meanings by different theoretical and ideological perspectives.

Until the last decade, when it became politically and socially less acceptable to do so, adherents of the psychoanalytic perspective tended to deny allegations of incest abuse and to ascribe the meaning of oedipal fantasies to alleged cases of child sexual abuse. Jeffrey Masson has described and analyzed the "suppression of the seduction theory" by Freud and his followers and their response to attempts to expose this.[24]

Family systems theory, another dominant theoretical framework in the cognitive schemata of clinical social workers, initially construed incest as arising from a classic collusive triangle in which the seductive daughter and the colluding mother were seen as central actors in the scenario of father-daughter incest.[25] Such reframing of an individual's behavior in terms of the pathology of the interpersonal system of the family is the dominant paradigm of family therapy. Recently this interpretation has been advanced less frequently in family therapy literature, owing to the increasing influence of feminist perspectives on sexual abuse. A feminist perspective that interprets incest as rape and as an expression of patriarchal oppression has also become part of the schemata of some social workers and some organizations.

The social worker dealing with cases of incest may thus draw upon a number of possible meanings derived from different theoretical and ideological perspectives and reinforced by different organizational settings. The uncritical acceptance of these meanings may impede the practitioner in understanding the meanings of incest to the various actors in a particular case. Moreover, it may block the recognition of patterns occurring in a number of cases, which might otherwise lead to the emergence of new theoretical perspectives on the interpretation of incest.

Theory then, is both advantageous and disadvantageous—providing the practitioner with a filter that simultaneously illuminates and obscures

the practitioner's vision. The capacity of the practitioner to consider a number of sometimes incongruent schemata in relation to a particular case is what differentiates a reactive procedural classification from a pluralistic and self-reflective professional assessment.

Reality-generating Force of Theory

Theoretical perspectives can also become part of the broader intersubjective milieu to which the practitioner and the client belong. Berger and Luckmann advance an argument about what they term "the reality generating force of a psychology" and distinguish between identifying the conceptual machinery of the indigenous psychology (the native's decoding belief system) and the epistemological validity that the observer may believe the psychology possesses.[26] That is, they see psychological theories as elements in the social definition of reality, and, as such, they are self-verifying.

In the case of Western society, psychoanalytic concepts have permeated the culture and its everyday language to such an extent that parts of psychoanalytic theory have almost achieved the status of an indigenous psychology. This is a particularly pertinent point in relation to how clients present and perceive symptoms and their possible solutions.

Anthony Giddens has also discussed the role of theory in constructing reality "The theories produced in the social sciences are not just 'meaning frames' in their own right, but also constitute moral intervention in the social life whose conditions of existence they seek to clarify."[27]

Conclusion

While the hermeneutic perspective explored in this paper may initially appear esoteric to practitioners, it is argued that meaning construction is central to the way social workers practice. Through a naturalistic and interpretive mode of inquiry, the practitioner seeks to decipher what events mean to the client and significant others, both at the intrasubjective and intersubjective levels of analysis. The organizational context in which practitioner and client interact can also be understood as a culture that ascribes meaning and to which meaning is ascribed.

Through experience and the application of theory, the practitioner develops cognitive schemata on categories of problems that facilitate the process of deciphering what events may mean to clients and others.

While a hermeneutic approach is intrinsic to social work practice, it has not usually been conceptualized in this way. By drawing the parallels between the interpretative methods of social work practice and ethnographic research methods, some key issues are identified.

Determinism, Science, and Social Work

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The philosophical debate in the social work literature in the past several years over the place of science as a foundation for explaining human behavior and the nature of social work practice has articulated some extreme positions. It is believed that, in part, this polarity is based on a misinterpretation of the contemporary scientific view of the nature of cause and effect. This article explores conceptualizations that are replacing strict determinism in explaining causation, and discusses their implications for understanding research methodology and practice logic in social work. It is asserted that science is consistent with social work's values and conceptual framework provided that the most recent formulations of science are understood and employed.

The recent spate of papers appearing in the social work literature in which the problems of epistemology and the general nature of science are discussed reflects a healthy elevation in the quality of the intellectual interchange in the profession. Social workers are beginning to consider the issue of what they know from the point of view of the fundamental philosophical premises that underlie the manner in which they go about establishing their knowledge base. Starting with Martha Brunswick Heineman's attack on logical positivism (empiricism) and reductionism,[1] there has been a growing chorus of denunciations of the traditional tenets of empirical science, at least insofar as they influence the way social workers gather knowledge and evaluate its veracity.[2] While much of this discussion is probably an accurate reflection of the ferment that has been going on for many years among scientists in other fields,

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as well as among academic philosophers of science, its articulation among some social work authors tends to be extreme. Howard Goldstein,[3] for example, suggests, on the basis of what seems to be a misreading of the work of Ilya Prigogine and Isabelle Stengers,[4] that one should discard the concept of an objective reality, and William Epstein believes that, since as a profession we are incapable of employing randomly controlled double-blind studies in evaluating the outcomes of our practice, we should discard "science" altogether.[5] Others have taken a more moderate approach to the problem and have begun to explore carefully some of the issues with respect for their infinite complexity.[6]

Social workers should exercise caution in enlisting the support of philosophers of science in order to justify easing scientific rigor in knowledge gathering. Likewise, as in works by Joel Fisher and Walter Hudson,[7] they should exercise caution in calling upon these philosophers to justify the reassertion of some of the premises of what Gordon has called "rank empiricism."[8] There has been frequent misuse of concepts, superficial references to popular metaphors (such as the almost obligatory reference to Thomas Kuhn's *The Structure of Scientific Revolutions*), and presumably intimidating, often misleading, and sometimes incorrect allusions to concepts from the physical sciences.[9] Because of this tendency to extract popular metaphor from some physical or biological discipline without careful examination of the scientific and philosophical context within which it evolved, we sometimes become embroiled in controversy over practice technology or research protocols without consideration of their fundamental scientific roots.

There are, in fact, reconceptualizations emanating from the physical and biological sciences that have relevance to the current epistemological dialogue in social work. One has to do with the issue of reductionism. This concept in its simplest form posits that wholes can best be understood by decomposing them into their constituent parts—in the extreme into physical phenomena. The idea has been a mainstay of Western science for years and is considered by many to be the basis for that discipline's success in explaining simple objects. As science has begun to direct its attention to more complex phenomena such as living organisms and human behavior, reductionism has become less useful as a guiding principle. Reductionism was the central theme of Heineman's article and will not be dealt with in detail here.

Another protocol of Western science that also remains from the time when science was concerned primarily with simpler phenomena has to do with the nature of cause and effect and the influence of "deterministic" thinking. It is the purpose of this article to explore the meaning of causation and the nature of the changes the concept is undergoing, the way in which these changes may influence the profes-

sion's understanding of reality, and the implications of the changes for both research and practice in social work.

Determinism

Since it was first articulated by Democritus, the issue of cause and effect has been fundamental to a scientific understanding of the world. Democritus is alleged to have said, "By necessity are foreordained all things that were and are and are to come."[10] Aristotle elaborated the idea to include formal cause (the idea to be realized in a causal process), material cause (the substance undergoing a change), efficient cause (the external compulsion), and final cause (the goal to be reached). What has survived of Aristotle's formulation are the concepts of final cause, which has become the idea of purpose, and efficient cause, which remains the essential concern of science. Over the years the issue of causality has been debated by philosophers and scientists such as David Hume, John Stuart Mill, Karl Popper, and others and has been refined and interpreted to fit more and more areas.[11] Causal observables and, subsequently, causal explanations often vary from one area of inquiry to another.[12] The differences depend largely on the nature of the subject matter being observed. For example, it is one thing to determine the future position of a physical body in motion by measuring its present position, its mass, its velocity, and the force acting on it. It is, however, another matter to determine a human being's future health from the person's current diet, physical activity level, and life-style.

Perhaps the most enduring reformulation of the Aristotelean idea of efficient cause is that which is known as determinism. This reformulation states essentially that every phenomenon must have a cause and is predetermined. It includes in its purview all things physical, biological, social, and moral. In the eighteenth century one of the foremost proponents of determinism, the mathematician Pierre Simon de Laplace, declared that, "Given the position and velocity of every particle in the universe, [I] could predict the future for the rest of time."[13] During the nineteenth century and the early part of the twentieth century, this idea was considered by many to be the only correct interpretation of causation. The fact that strict determinism could not be proven in the study of human behavior was attributed to ignorance and a lack of precise measurement technology. It was assumed by many researchers in the field of psychology, sociology, social work, and other related disciplines that eventually knowledge and technology would evolve in precision to the point at which a deterministic understanding of individual and group human behavior could be achieved

The advent of quantum theory and Heisenberg's uncertainty principle in the late 1920s was viewed by some as a challenge to traditional

causal thinking.[14] Briefly stated, Heisenberg demonstrated that it is impossible to know an atomic particle's position and momentum at a particular point in time and that the attempt at measurement itself effects the particle's position, a phenomenon called the participant-observer effect. Since causal determination involves the prediction of future states from current observables, strict classical determinism is, therefore, not possible at the subatomic level.

The uncertainty principle and the related participant-observer effect clearly apply only to the problems inherent in measuring subatomic particles. These principles have, however, often been improperly employed by psychologists and social scientists to explain the difficulties involved in measuring the phenomena of living systems.[15] While not directly applicable to the study of human behavior, used metaphorically, Heisenberg's theories have contributed to the erosion of the influence of strict determinism among thinkers in the social sciences. The precise observations required by classical determinism have given way to the conceptualization that every observation represents, in reality a probability distribution. Causality is then determined by observing the differences in probabilities at different times. Classical determinism may no longer be viewed as the most viable option for explaining most of the phenomena of subatomic physics, let alone human behavior. Causality, however, in one form or another still survives as a cornerstone of theory building and empirical proof in all disciplines aspiring to scientific status.

Steven J. Gould has identified determinism as one of four biases that contaminate much of our understanding of the world and life (the others are progress, gradualism, and adaptationism).[16] While on the surface the idea of determinism is in disrepute, it continues to appear within the context of other more fashionable frameworks. It is deeply embedded in the psychoanalytic model (e.g., psychic determinism),[17] the hereditarian view of intelligence,[18] and the medical profession's search for the ultimate causes of dread diseases.[19] Even the more contemporary view that prevention is a prerequisite for the elimination of disease, poverty, aging and other miseries has a deterministic base.

Determinism is also evident in contemporary social work as well. It appears in the writings of the more militant empiricists as well as in that of the more moderate chroniclers of the studies of practice effectiveness.[20] It pervades the belief system of many social workers who may rarely think of the philosophy of science or question the epistemological base of research findings. It is present in the concept of "treating" clients regardless of the theoretical bias one favors and in offering those clients the right of "self-determination."[21] After all, self-determination implies efficient cause, albeit within the individual rather than in the external environment.

Unpredictability

Causality in one form or other seems to be a psychological necessity for individuals and their societies and institutions. The concept of causality may be necessary to assuage the fearful suspicion that the world is, in fact, a very random and unpredictable place. Rather than being the way we have chosen to describe complex events for which we have yet to find an adequate causal explanation, randomness and unpredictability may in fact represent reality. As Gould suggests, "Perhaps the world really works this way, and many events are uncaused in any conventional sense of the word. Perhaps our gut feeling that it cannot be so reflects only our hopes and prejudices, our desperate striving to make sense of a complex and confusing world, and not the ways of nature."[22]

While there may be little danger that scientists are ready to resign the world to complete turmoil, there is a growing belief that randomness and unpredictability may play a larger part in the explanation of physical, biological, and, indeed, human phenomena than has been heretofore supposed. Prigogine and Stengers have reported phenomena that they have interpreted as being "irreversible."[23] By this they mean that the phenomena do not follow predictable trajectories and, as such, are not capable of being traced back to their initial conditions. Reciprocally, it is not possible to make predictions from a current state to one that may occur in the future.

While irreversibility is by no means present in all circumstances, it is becoming apparent that many phenomena that were formerly assumed to be deterministic and "reversible" are now seen in the light of statistical causality or stochastic processes. In such cases, each event in a chain of events is not determined by the one preceding it but, rather, has a statistical probability of occurring. In systems that are described as being "far from equilibrium," there occurs at some time a "bifurcation point" at which the system has the option of many directions in which to move. What happens next is akin to the flip of a coin and is not necessarily the result of the preceding event.[24] The fact that improbable events occur in what seem to be predictable circumstances makes for novelty in an otherwise drab universe. In this interpretation, randomness or "chaos" may be substantially more than a reflection of man's inability to fathom a complex causal event; rather, it may be a novel and more precise description of reality. The weather, the flow of a mountain stream, and many, if not all, phenomena of human behavior may occur in this way. In fact, simple deterministic systems often contain random elements that make cause and effect relationships unclear. These random elements are believed to be fundamental and not merely the result of the observer's lack of information. According to Crutchfield "In principle the future is completely determined by the past, but in

practice small uncertainties are amplified, so that even though the behavior is predictable in the short term, it is unpredictable in the long term."[25] Phenomena as diverse as the atmosphere and the erratic beat of the heart are being modeled according to such "chaotic" processes. These formulations have arisen out of the study of physical events, but they have heuristic implications for the understanding of human behavior.[26]

Equifinality

Another idea that challenges traditional determinism is the concept of equifinality. It has its origins in biology and is deeply embedded in the theory of general systems developed by Ludwig von Bertalanffy.[27] What it proposes is that in any open system, that is, one whose boundary is permeable and allows for interchange of energy and information with its environment, the same final state can be reached from different initial conditions and through different paths. The idea has since been elaborated on by Magoroh Maruyama to include a companion concept, "multifinality," which says, essentially, that different final states may be achieved from the same initial conditions.[28]

Since general systems theory was first introduced to social work by Gordon Hearn in the late 1950s, it has received cyclic attention by the profession.[29] The theory surfaces frequently as a metaphor in other, more popular theoretical frameworks, such as the ecological practice model and in the literature on family therapy, and is sometimes inappropriately enmeshed with social systems theory.[30] Seldom are general systems concepts fully explored and almost never are their philosophical implications discussed. This is certainly true of the concept of equifinality. While classical determinism may continue to explain certain physical phenomena, this author believes that human behavior is best described as equifinal.

As they move toward their goals, living organisms take advantage of moment-to-moment opportunities in their environments through the constant "feedback" of information. The choices made at these "bifurcation points" result in the probability distribution of options discussed earlier. Since the choices made are a function of the "state of the system" and of the amount and type of information available at a particular point in time, prediction in its usual sense becomes impossible. While the equifinal path may be capable of description after the fact in individual cases, it is not generalizable and is clearly unpredictable in advance of its occurrence.

The crucial variables in understanding the equifinal process in any organism are the concepts of goals and purposes. This is essentially the resurrection of Aristotle's concept of final cause. Until recently, purposive explanations have been excluded from scientific thinking,

but advances in the field of biology and physics are leading to a renewed acceptance of so-called teleological or purposive explanations of phenomena that were heretofore believed to be deterministic. In fact, teleonomic explanations may be the only true way to describe the phenomena of living things, especially human beings. The biologist Jacques Monod asserts that purposive behavior is the fundamental characteristic of living beings that distinguishes them from all other structures in the universe.[31] It is the activity of the mind that precludes deterministic explanations of human behavior since human beings behave on the basis of the future rather than the past.[32]

What a person does in any given situation may then be interpreted as a result of a choice that is made from among many alternatives. The behavior that ensues occurs on the basis of which of the alternatives the individual believes has the highest probability of achieving his immediate goals. In order to "predict" what a person will do, one must know the person's moment-by-moment state of mind in terms of what the individual is aiming toward, what alternatives he perceives available to him, and what intuitive probabilities he assigns to each of those alternatives. Two individuals with the same goals, who are confronted with essentially the same alternatives, may in fact assign different probabilities to them and may eventually reach the same end through different paths.

There are undoubtedly universal situations in which the probability of certain alternatives are uniformly high in most individuals (e.g., choices to avoid pain or disgrace), but the actual choice that a person makes may not occur in the most probable way. A misreading of the available options, varying beliefs about one's behavioral competencies, or a serendipitous change in the environment are just a few of the variables that may be involved in any specific action. Nor is the history of any one individual's behavior necessarily helpful since the individual's mind-set at a particular time, the available alternatives, and the probabilities assigned to those alternatives are unlikely to be exactly the same at any two moments in the life of an individual.

Implications for Social Work

The scientific method is an ever-changing conglomerate of mental mechanisms that man uses to approximate some truth about reality. The current proclivity of some social work authors to denigrate scientific thinking and to discard it as a model for evaluating knowledge seems unwarranted. Such criticism is rather a reaction to some of science's traditional protocols, namely, reductionism and determinism; it is naive to assume that science could not and should not survive an abandonment of some of its major postulates. Rather than abandoning "science," social work theorists should abandon "determinism" and build on

more contemporary scientific explanations of reality. As has been documented in this article, the demand that everything must adhere to the concept of determinism has been decreasing for many years. In declaring determinism no longer inviolate, the subject matter of social work and other related disciplines may be subjected to the scrutiny of more contemporary scientific methods.

The traditional scientific requirement of determinism has plagued social work since the profession's beginnings. It was articulated in the recommendations of the Milford Conference in which "scientism" was embraced as the means by which to achieve professional respectability. Scientism was upheld over the many subsequent years of influence of Freudian ideology embodied in the diagnostic school of thought.[33] As far back as 1939, Herbert Aptekar questioned the inherent deterministic implications in the then current philosophical foundations of social work practice and stressed the significance of teleological causality in treatment.[34] However, the history of social work to this day has been characterized by largely futile attempts to prove causation in human behavior and to justify deterministic methods of professional practice.

One implication for social work of the abandonment of determinism lies in the impact its relinquishment would have on the use of experimental design in conducting research. Experimental and control group studies are based on the belief that by eliminating extraneous variation, the researcher can demonstrate that one variable is either the cause or the effect of another. The use of probability statements and confidence limits are concessions to more modern interpretations of causality, but they are nevertheless built on the belief in a deterministic world. Even research designs that employ models of concurrent variation involving simple linear correlation and multivariate analyses are, in the final analysis, attempts to prove causation. After all, what is the value of a .90 correlation if one does not assume that the two or more variables are causally related or are simultaneously caused by some common antecedent?

What is needed, if one accepts the arguments of this article, are methods that emphasize detailed and complete descriptions of "system states," the goals to which humans aspire, the options available to them in their environments, and the stochastic paths their behaviors take. Such methods imply a deemphasis on traditional "effectiveness" models of research and more intense efforts to describe the pertinent variables in human behavior. In such an approach, there is less emphasis on prediction and generalization and more credence is granted to studies that undertake to describe the relevant characteristics of the states of individuals, families, small groups, organizations, communities, and other systems. Also required is more careful attention paid to the amount and kind of information these systems use in making decisions and to the manner in which they make their decisions. A gradual

accumulation of descriptive data might eventually lead to a form of probabilistic generalization in which, given consistent description of variables, the most and least probable directions are mapped. However, there would be no presumption of causality, and generalization in its usual sense would not be required for temporary veracity to be accepted. Cybernetic models, information theory, and their attendant research methodologies are appropriate for this type of research and are already well developed in other fields. They should be adapted to fit the requirements of social work research.[35]

Nondeterministic thinking is implicit (although not fully explored) in the various ecological and so-called life models of social work practice.[36] In many ways, these models are the outgrowth of an underground, noncausal zeitgeist that has existed in social work and other fields for many years. While the ecological metaphor has flourished in the recent social work literature, scant attention has been paid to its specific nondeterministic details. Mutual and circular causal "transactions" have replaced traditional linear causality, but there is only passing mention of the fact that determinism is precluded by the ecological frame of reference. The focus of deterministic thinking is rather moved from the individual or the environment to the transaction that occurs between the two. While proclaiming boldly that ecology is a form of general systems theory, there is little mention in prominent texts on the ecological approach of the concept of equifinality, and, in general, determinism has survived in the inhospitable milieu of the ecological metaphor. While it may be true that some of the concepts of general systems theory are difficult to reconcile with the various qualities of human beings it may be necessary to do so if we are to use that theory to explain human behavior.[37]

It is beyond the scope of this article to detail the specifics of a nondeterministic practice theory for social work. It is clear, however, that in a general sense the dimensions of such a theory should include a deemphasis on outcome and a greater emphasis on the details of information processing and the cognitive activities in which people engage in making decisions. A restructured practice theory would also require reevaluation of the developmental theories of human behavior on which much of social work practice is based, since those theories for the most part contain deterministic components. It may well be that recent developments in the field of cognitive psychology provide the most congenial framework within which a nondeterministic social work practice theory might flourish.[38]

In conclusion, the recent philosophical debate in social work has tended to polarize belief. At one extreme are those who adhere rigidly to traditional reductionistic and deterministic requirements in an effort to make social work more scientific. At the other extreme are those whose discomfort with those protocols leads them to recommend that

the profession disavow science altogether. It is my belief that neither position is tenable. A careful examination of the foundations of current scientific thinking reveals that modern science has evolved far from the position of rank empiricism and has developed concepts that are very compatible with the explanatory needs of social work. This is especially true when it comes to causal thinking. The profession should not abandon science but, rather, should embrace a more contemporary scientific view of the world.

Notes

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3 Goldstein, p 354.

4 Ilya Prigogine and Isabelle Stengers, *Order Out of Chaos Man's New Dialogue with Nature* (New York Bantam, 1984), p 306

5 Epstein

6 John S Brekke, "Scientific Imperatives in Social Work Research Pluralism Is Not Skepticism," *Social Service Review* 60 (1986) 538–54, Edward J Mullen, "Methodological Dilemmas in Social Work Research," *Social Work Research and Abstracts* 21 (1985) 12–20, William R. Nugent, "Use and Evaluation of Theories," *Social Work Research and Abstracts* 23 (1987)· 14–19

7 See, e g , Joel Fischer, "The Social Work Revolution," *Social Work* 26 (1981) 210–17, and Walter H Hudson, "Scientific Imperatives in Social Work Research and Practice," *Social Service Review* 56 (1982) 246–58

8 William E Gordon, "Social Work Revolution or Evolution?" *Social Work* 28 (1983) 181–85

9 Thomas Kuhn, *The Structure of Scientific Revolutions* (Chicago University of Chicago Press, 1962), See Mullen's criticism of Pieper (p 19, n 6) and Gordon's criticism of Fischer (p 181, n 9)

10 Lawrence LeShan and Henry Margenau, *Einstein's Space and Van Gogh's Sky Physical Reality and Beyond* (New York· Macmillan, 1982), pp 130–41

11 Thomas D Cook and Donald T Campbell, *Quasi-Experimentation Design and Analysis Issues for Field Settings* (Chicago. Rand McNally College Publishing, 1979), esp chap 1, "Causal Inference and the Language of Experimentation," pp 1–36.

12 LeShan and Margenau, p 133.

13 James P Crutchfield, J Doyne Farmer, Norman H Packland, and Robert S Shaw, "Chaos," *Scientific American* 255 (1986) 46–57

14 See, e g , Albert Edward Wiggam, *The Marks of a Clear Mind* (New York Blue Ribbon, 1931), pp 291–302, and Henry Margenau, "Meaning and Scientific Status of Causality," in *Philosophy of Science*, ed Arthur Danto and Sidney Morgenbesser (Cleveland World, 1960)

15 Douglas R. Hofstadter, *Metamagical Themas Questing fo the Essence of Mind and Pattern* (New York Basic, 1985), pp 455–77

16 Stephen J Gould, *The Mismeasure of Man* (New York Norton, 1981), esp the introduction, pp 19–29, and *Hens' Teeth and Horses' Toes* (New York· Norton, 1983), pp 256–60 The material is also discussed in a NOVA television documentary entitled, *Stephen Jay Gould, This View of Life*, videotape, WGBH Boston, 1984.

17 See Matthew Hugh Erdelyi, *Psychoanalysis Freud's Cognitive Psychology* (New York Freeman, 1985), pp. 51–55, and Fritjof Capra, *The Turning Point Science, Society and the Rising Culture* (New York Bantam, 1983), p 183

18 Gould, *The Mismeasure of Man*, pp 146–57

19 Capra, p 269, and Ann Weick, "The Philosophical Contest of a Health Model of Social Work," *Social Casework* 67 (1986) 551–59

20 William J Reid and Patricia Hanrahan, "Recent Evaluations of Social Work, Grounds for Optimism," *Social Work* 27 (1982) 328–41; Allen Rubin, "Practice Effectiveness More Grounds for Optimism," *Social Work* 30 (1985) 469–76; and Katherine Wood, "Casework Effectiveness A New Look at the Research Evidence," *Social Work* 23 (1978) 437–59

21. Ann Weick, "Issues in Overturning a Medical Model of Social Work Practice," *Social Work* 28 (1983) 467–71.

22 Gould, *Hens' Teeth and Horses' Toes*, p 342

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24 Ibid , pp 177–79.

25 Crutchfield et al. (n 13 above), p 46

26 James Gleick, *Chaos Making a New Science* (New York Viking, 1987), p 292

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28 Magoroh Maruyama, "The Second Cybernetics Deviation-Amplifying Mutual Causal Process," in *Modern Systems Research for the Behavioral Scientist*, ed Walter Buckley (Chicago Aldine, 1968) 304–13

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30 See, e g , Carel B Germain and Alex Gitterman, *The Life Model of Social Work Practice* (New York Columbia University Press, 1980), Ann Hartman and Joan Laird, *Family-centered Social Work Practice* (New York Free Press, 1983), Lynn Hoffman, *Foundations of Family Therapy A Conceptual Framework for Systems Change* (New York Basic, 1981), Carol Meyer, "What Directions for Direct Practice," *Social Work* 24 (1979) 270, Jerome H Zimmerman and Gary A Lloyd, "From General Systems Theory to Cybernetic Models for Curriculum in Human Behavior and Social Environment and Social Work Practice" (paper presented at the Council on Social Work Education annual program meeting, New York, March 1982)

31 Jacques Monod, *Change and Necessity* (New York Vintage, 1972), p 9

32. LeShan and Margenau, p 243

33 Donald Brieland, "History and Evolution of Social Work Practice," in *Encyclopedia of Social Works*, 2 vols , ed Anne Minahan et al , 18th ed (Silver Springs, Md National Association of Social Workers, 1987), 1 741–44, and William J Reid, "Research in Social Work," in Anne Minahan et al , eds , 2 474–77

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36. Carel B Germain, ed , *Social Work Practice People and Environments An Ecological Perspective* (New York Columbia University Press, 1979), and Germain and Gitterman

37. Germain, ed , pp 6–7

38. See, e.g , Erdelyi (n 17 above); Douglas R Hofstadter and Daniel C Dennett *The Mind's I* (New York Basic, 1981), Howard Goldstein, *Social Learning and Change* (New York: Tavistock, 1984).

Work Relief in the 1930s and the Origins of the Social Security Act

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The Social Security Act has provided the basis of the United States federal welfare system since its enactment in 1935. Although the first draft included a proposal for Employment Assurance, a government work program that would have provided public-sector employment for the jobless, it was eliminated by the time the final version was passed. The causes of this exclusion can be found in the massive work-relief programs of the Federal Emergency Relief Administration (May 1933–December 1935), the first United States federal welfare program, and the Civil Works Administration (November 1933–March 1934). They were perceived as so problematic—interfering with labor markets and the basic rationality of capitalist production-for-profit—that no work program was contained in the Social Security Act. The work-relief programs of the 1930s can provide models for developing progressive alternatives to current proposals, particularly in support of extensive voluntary government work programs, and thereby help regain control of the welfare reform agenda.

The Social Security Act has formed the basis of the United States welfare system since its enactment in 1935. It established the social insurance programs of social security and unemployment compensation as well as the public assistance programs of Aid to Dependent Children (later changed to Aid to Families with Dependent Children, or AFDC), Old Age Assistance, and Aid to the Blind. All of these provided direct relief, payments given without work that is normally paid a wage. A second welfare (formerly termed relief) program, the Works Progress Administration (WPA), was also passed in 1935.[1] It included only work

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relief, payments given in exchange for work that is normally paid a wage.[2]

Separation of direct relief into the permanent Social Security Act and work relief into the temporary WPA is curious. Indeed, the initial draft of the Social Security Act contained a proposal for Employment Assurance, a government work program that would have provided public-sector employment for the jobless.[3] However, this was eliminated as the Social Security Act was revised. Omission of federally sanctioned work relief from the Social Security Act then left space on the local level for the restoration of "work tests," historically repressive forms of work relief evidenced today in workfare programs.

The conservative nature of the Social Security Act has long been recognized by social scientists.[4] However, the exclusion of work programs from the Social Security Act has not often been addressed, and existing explanations seem inadequate. In their study of federal work relief, Arthur W. Macmahon, John D. Millett, and Gladys Ogden cite a "vague sort of institutional rivalry" between the committee that drafted the Social Security Act and the existing relief agency to explain why "the (Roosevelt) Administration was not prepared to affirm so durable and deliberate a relationship between a social security and a works program."[5] In the forward to the *50th Anniversary Edition: The Report of the Committee on Economic Security of 1935*, a book celebrating the first half-century of the Social Security Act, Alan Pifer and Forrest Chisman suggest that the employment policy was dropped from the Social Security Act because it was "both too expensive and tainted by resemblance to the temporary public works programs that had become politically unpopular."[6] However, this statement begs the question as to why the temporary programs were so unpopular.

More persuasive explanations attribute the omission of work relief from the Social Security Act to opposition engendered by the Civil Works Administration (CWA), a massive government work program that existed briefly from November 1933 through March 1934. By mid-January 1934, over 4.3 million people had CWA jobs at wages approximating those in the private sector.[7] Strident opposition to both the CWA's size and wage rates was voiced by many employers, especially those in the South who feared that federal intervention would disrupt the "caste system" that provided a pool of low-wage black labor.[8] Yet the CWA itself has been a source of confusion to policy analysts. Even those who commend the CWA for quickly providing jobs at decent wages often echo criticisms that it was an expensive "boondoggle," that is, a waste of government money.[9]

A more complete explanation of why work programs were excluded from the Social Security Act also necessitates an examination of the Federal Emergency Relief Administration (FERA). The FERA was the first United States federal welfare program, established by the Roosevelt

administration in May 1933 in response to the inadequacy of existing relief, organized protest by the unemployed, and New Deal policies designed to increase the "purchasing power of the masses." It lasted until December 1935 and was phased out as the WPA was implemented. State relief administrations distributed FERA funds contingent on their adherence to federal rules and regulations. Noncompliance with FERA policies led to sanctions—temporarily withholding funds from the state administrations or taking over their operations.

Both work relief and direct relief were provided by the FERA. Although direct relief posed relatively few problems for the business sector, the same cannot be said of work relief. Work was provided each month for between 1.4 and 2.4 million of the unemployed at payments higher than they would have received for direct relief and sometimes higher than local wage rates as well. In addition, some innovative projects were established. The best-known projects, continued in the WPA, were for professionals such as actors, musicians, artists, and teachers. Less well known but far more problematic projects were also established in which FERA participants produced consumer goods for distribution to others on relief. Although the progressive nature of the FERA has been noted by some welfare policy analysts,[10] others either dismiss it as simply a grant-in-aid program in which the federal government had little control or omit it entirely in discussions of New Deal work programs.[11]

In this article, I examine FERA and CWA work relief in terms of the three dimensions of the United States welfare system that have constrained its development: the "ideology of the dole" and maintenance of divisions among the working class; the level of relief payments and the functioning of labor markets; and the form of work relief and the logic of the market. I conclude that work relief in the FERA and CWA was perceived as so problematic that all work programs were excluded from the permanent Social Security Act and relegated instead to the temporary WPA. The WPA continued as a voluntary work-relief program but was less problematic than the FERA and the CWA. Work-relief policies that incurred little employer opposition—primarily differential treatment of relief recipients based on gender, race, and class—were retained in the WPA. However, policies that elicited the most strident business sector criticism—determination of work-relief wage rates and production of consumer goods on work-relief projects—were altered or terminated.

The FERA, the CWA, and the "Ideology of the Dole"

The "ideology of the dole" is the widely accepted belief that relief recipients are lazy and do not want to work. It helps maintain the division between the so-called deserving poor, those considered relatively

worthy of relief, and the "undeserving poor," those considered unworthy of relief. Historically, the "deserving poor" have been given more adequate aid in a less humiliating manner than has been true for the "undeserving poor." This can be seen in part in the use of the work test, that is, mandatory work relief, as the "undeserving poor" have usually been required to perform often menial work in exchange for meager means of subsistence.

Three primary effects result from the "ideology of the dole." First, it reinforces the "work ethic" for people in dead-end low-wage jobs, as they tend to feel grateful to have a job as opposed to being on relief. Second, it saves money, as eligible people are often discouraged from applying for relief. Third, it prevents most people with jobs from recognizing the commonality between their situations and those of relief recipients. Wage and salary workers are compelled to work because they do not own sufficient income-producing assets to survive. However, their jobs are contingent on profits; if profits are too low compared to other uses of money (e.g., financial speculation), the jobs can be eliminated and the workers laid off. Thus they too can become dependent on income support from the state.[12]

Prior to the Great Depression and the enactment of the FERA, relief was based on the poor laws. Local governmental units (towns or counties) had responsibility for providing relief for their own residents, leaving nonresidents (also called transients) with nothing. The "deserving poor" consisted primarily of middle-class widows and their dependent children. Mimi Abramovitz explains that these women adhered to the "family ethic," as they fulfilled the societal norms of women's roles—working in the home raising children.[13] Since their poverty was seen as occurring through no fault of their own, they received "outdoor relief" while continuing to live in the community. The "undeserving poor," on the other hand, consisted of the "able-bodied" unemployed, recent immigrants, and people of color. It also included women who had not conformed to the "family ethic," that is, unwed mothers, women who had been divorced or deserted, and women whose husbands failed to provide sufficient income. The "undeserving poor" typically received only "indoor relief" in the form of a work test, as they were required to enter a workhouse (also called almshouse or poorhouse), work on a poor farm, or be auctioned or indentured to an individual, in order to receive the minimal reliefø then provided.[14]

This system of relief broke down during the first 4 years of the Great Depression. Measured unemployment skyrocketed from 3.2 percent of the labor force in 1929 to 25.1 percent in March 1933, the nadir of the Great Depression.[15] Funds of private charities and local governments were drained so rapidly that by 1932 only one-fourth of the unemployed received any work relief or direct relief,[16] and much of the work relief that provided meager payments to approximately 1,650,000 people in February 1933 involved a work test.[17] Not all of

the unemployed silently acquiesced to this situation. Since 1930, unemployed councils had organized hunger marches and other actions to demand increased relief, leading some government officials to fear that the councils might give rise to more drastic changes than they thought desirable.[18]

Thus when the FERA was established, some policies were implemented to obviate the "ideology of the dole." Most important was the provision of FERA work relief on a clearly voluntary basis, in obvious contradiction to mandatory work tests that had reinforced the "ideology of the dole." Furthermore, almost all payments for work relief were provided in cash instead of in kind, although direct relief was given in both forms.[19]

FERA administrators declared their goal to be providing work relief for those who were able to work, the "employables." Those considered "unemployable" were to be cared for through the traditional relief apparatus of local aid and private charities. However, lack of funds from local aid and private charities led to the inclusion of "unemployables" as well as "employables" on FERA rolls.[20]

Despite these progressive measures, the actions of FERA administrators indicate that some of the unemployed were viewed as more worthy than others of receiving relief. By the 1930s militant labor organizing among primarily white men in the industrial core of the economy, particularly in response to the severe recessions that occurred each decade since the 1870s, led to their recategorization as "deserving poor." Those considered "undeserving" now included transients (the homeless), women who had not complied with the "family ethic," and people of color, while white industrial workingmen and white-collar workers of both genders were henceforth treated as "deserving poor."

Shortly after the FERA began, a Transient Program was established for the homeless. Its initial impetus stemmed from widespread fear that a veritable army of homeless people was either on the move or living in squalid conditions in Hoovervilles of improvised housing built on the outskirts of most cities. The Transient Program included city shelters, which were usually renovated factories or warehouses, and camps outside cities. In both types of facilities, the homeless could receive food, some clothing, a place to sleep, and sometimes vocational training or work relief. Conditions in these places were often depressing, food was generally insufficient, and restrictions were placed on people's activities. This was particularly true of transient shelters and camps for individuals; families tended to receive better treatment.[21]

Another group that received relatively little relief in the FERA were women. Not until 5 months after the FERA began was a director of Women's Work appointed, and the following month a Women's Work Division established, to develop work-relief projects primarily for white women.[22] Consisting chiefly of "traditional" women's activities, these

projects included sewing, gardening, canning, teaching, nursing, research, clerical work, as well as the arts and interviewing for the FERA. A maximum of 297,000 women were given work in the FERA in March 1935, only one-eighth of the total number of people then on the program. Reflecting their lower wages (compared to men) in the private sector, women received lower work-relief wage rates as well.[23]

Black and Hispanic men and women received even fewer work-relief positions than white women, and at similarly low levels of payment. FERA administrators explained that the paucity of work-relief positions was due to the difficulty of finding sponsors for projects involving people of color.[24] This was a clear acceptance of discrimination based on race.

In contrast to the treatment of transients, women, and people of color, the new "deserving poor" appeared to be white men and white-collar workers of both genders. Indeed, the predominant form of work relief in the FERA involved labor-intensive construction projects for unskilled men, as these projects received 70–86 percent of the total spent on all FERA work-relief projects.[25]

In addition to the FERA, two relief-related programs were established to provide work primarily for white men. Although the Civilian Conservation Corps (CCC) is generally thought of as a successful conservation program, President Roosevelt explained that it was intended to put "the wild boys of the road" and the young unemployed men in cities to work in the national forests.[26] The Public Works Administration (PWA), established in the legislation that mandated the National Industrial Recovery Act (NIRA), provided several billion dollars of federal funds ($3.3 billion initially) for construction projects that were contracted out to private-sector firms.

Work-relief projects for unemployed white men also encountered limits, some of which were clearly seen in the CWA. Within the first month of the program's operation, over 2 million new work-relief positions were created and assigned to the unemployed without having to first prove their eligibility by a "means test." Harry Hopkins, director of the FERA, CWA, and WPA, explained the importance of this policy "We are licked before we start if this is confined entirely to the relief rolls. It is telling every man [*sic*] unemployed . . . who fought this battle through from the beginning on his own, that he has to get on the relief rolls before he can get a job."[27] Yet the CWA was cut back only 2 months after it was established, primarily due to interference with labor markets. Thereafter, the "means test" was once again used to ascertain the eligibility of all work-relief recipients.

White-collar workers were also viewed as part of the "deserving poor" by FERA administrators, who apparently considered it more important to obviate the "ideology of the dole" for them than for any other unemployed workers. Policies implemented to make work relief

projects, making the determination of eligibility for relief almost painless and granting them relatively high relief payments.

A myriad of white-collar projects were created. Many white-collar workers were given jobs collecting data on the unemployed and on the efficacy of other FERA programs. Projects were also established that utilized the talents of artists, writers, musicians, photographers, and actors. Indeed, these arts projects, which were expanded in the WPA, are among the best-known of all the New Deal programs. In addition, the Emergency Education Program and the Rural School Continuation Programs were set up to provide both work for unemployed teachers and education for students whose schools had been closed due to lack of revenues.[28]

The process of applying for relief was intentionally made far less humiliating for white-collar workers as they were able to receive relief based on "a questionnaire filled [out] by the applicant and verified by a professional or technical organization or by a case worker."[29] This constituted a very different approach from the rigorous investigation carried over from the pre-FERA relief system and stipulated for all other relief applicants:

> The minimum investigation shall include a prompt visit to the home, inquiry as to real property, bank accounts, and other financial resources of the family, an interview with at least one recent employer, and determination of the ability and agreement of family, relatives, friends, and churches and other organizations to assist, also the liability under public welfare laws of the several States, of members of a family, or relatives to assume such support in order to prevent such member becoming a public charge.[30]

In addition, most relief recipients were visited at least once a month by FERA caseworkers "in order to establish the continued need of those who are receiving relief."[31]

Further inducements were implemented for white-collar workers. One was the establishment of separate relief offices for their use. As relief historian Josephine C. Brown explained, this was done "in order that they might avoid incurring the stigma of mingling with 'ordinary' relief applicants."[32] The other was an increase in their relief payments. Initially done informally by state relief administrators throughout the country, FERA administrators mandated increased payments in an August 1934 directive stating that budgets for nonmanual and professional workers shall provide for health, decency, and comfort "commensurate with the previous standard of living."[33]

The FERA, the CWA, and the Preservation of Labor Markets

The second dimension of relief concerns the level of payments and

and work relief) are higher than the lowest prevailing local wage, people will tend to make the "rational economic choice" of welfare over wage labor, thereby directly impairing the functioning of some labor markets. In addition, there is an indirect effect on wages and labor markets since welfare payments serve as a prop to the entire structure of wage rates. When welfare payments are cut, people with jobs have less to "fall back on" if they are laid off.[34] This decreases the bargaining power of employed workers, rendering them less able to demand higher wages and better working conditions. On the other hand, when the level of welfare payments is relatively high compared to income from wages, workers have a better "cushion" in times of unemployment. In effect, higher levels of welfare payments can erode the disciplinary function of unemployment by better enabling workers to subsist when they are not working for a wage.

The level of wage rates on FERA and CWA work-relief projects provoked much controversy and was the locus of a great deal of struggle. Throughout the duration of these programs, employers objected that work-relief wage rates were too high. On the other hand, those in favor of relatively high rates—primarily organized labor, members of the unemployed councils, and most federal relief administrators—tried to maintain or increase them. Organized labor supported high work-relief wage rates in order to bolster wage levels of employed workers, an illustration of work-relief payments providing a floor for the ladder of wage rates. Unemployed councils included higher work-relief wage rates among their demands, as this clearly benefited their members. In addition to making general demands for better relief, people on work relief sometimes staged strikes to specifically demand higher payments on the projects.[35]

Most federal relief officials favored a policy of maintaining work-relief wage rates at levels equal to or above those in the private sector with a mandated minimum amount. They believed that this would raise extremely low work-relief and private-sector wage rates, increase the purchasing power of the masses, and respond to the sometimes militant protests of sections of the working class. Harry Hopkins defended this policy in congressional hearings against complaints that work-relief wage rates were too high: "I have a feeling that the wage scale is not too high; that the people who want to lower the scale and bring it down are people who have maintained their existence through the payment of low wages; that if the new conditions mean anything it means a larger distribution of this world's goods in the hands of the workers, and an adequate or sufficient wage scale."[36]

At the same time, conservative members of the New Deal administration supported employer demands that the FERA allow state relief administrators more discretion in setting work-relief wage rates. They argued that this would allow labor markets to function more efficiently

with minimum interference from the federal government. In practice, however, it would result in lower wage rates both for those on work relief and in the private sector.

Work-relief wage rate policies underwent substantial changes in the FERA and CWA. During the first 6 months of the FERA, a family's total payment was determined by its budgetary deficiency, that is, the estimated amount of money needed each month, minus its resources. This sum was then divided by the relevant work-relief wage rate to determine the number of hours a person could work. Work-relief wage rates were initially set by local relief administrators based on private-sector wage rates in the area. However, this policy did little to raise low rates and increase "purchasing power." In some areas of the country, particularly in rural areas of the South, private-sector wage rates as meager as 10–12.5 cents per hour for agricultural workers led to work-relief wage rates as low as five cents per hour.[37]

Low work-relief wage rates led FERA administrators in July 1933 to adopt perhaps the most contentious of all relief policies, the 30-cents-per-hour minimum rate. This rate was well above private sector wage rates in some occupations, notably agriculture and domestic service, and in some areas of the country, especially in the rural South. In fact, the earliest and continuously most strident complaints that the 30-cents-per-hour minimum was higher than private-sector wage rates were voiced by employers, many of them Southern, of agricultural laborers. Accompanied by charges that private-sector wage rates were being "dislocated"—that is, raised—and that sufficient numbers of workers were not available, these protests continued unabated through November 1934 when the minimum rate was finally rescinded.[38]

Effects of the 30-cents-per-hour minimum work-relief wage rate were quickly evidenced as average monthly work-relief payments immediately began to climb. Indeed, the increase from July through October was 32 percent.[39] However, amounts paid to work-relief recipients were still quite low in many areas of the country, with the averages often remaining below those of direct relief. Furthermore, a decrease was seen in the number of people on work relief, as some relief administrations chose to shut down work relief altogether in order to avoid paying rates of at least 30 cents per hour.[40]

The Civil Works Administration

By the fall of 1933, anticipation of increased organizing among the unemployed during the upcoming winter led New Deal officials to believe that stronger measures were needed. Indeed, there was cause for concern. First, people's needs for food, clothing, shelter, and fuel became more acute in cold weather, contributing to an upsurge in militant actions by unemployed councils during each of the preceding

Depression winters. Second, since the FERA, PWA, and Agricultural Adjustment Administration (AAA) had failed to spark the expected economy recovery, increasing numbers of the jobless had exhausted their savings and were consequently dependent on outside help. Finally, as a result of tax revenues that remained well below normal levels, most states and localities continued to experience fiscal difficulties and therefore simply did not have the resources to meet the needs of the unemployed.[11]

Thus the CWA was established in November 1933. Authorized through an executive order based on the National Industrial Recovery Administration (NIRA), the CWA was a clearly federal program as opposed to the FERA, which was state-operated under federal guidelines.[12] Rapid implementation was achieved by simply transferring FERA personnel to the new program. However, the CWA's most fundamental difference from the FERA was that half of the participants were taken directly from the pool of unemployed workers without first undergoing a "means test."[13]

Lack of the "means test" meant that budgetary deficiency could not be used to determine a family's total monthly payment on the CWA. Instead the PWA's system was adopted, as states were classified into three zones and minimum hourly rates were set for each. In the southern zone the minimum for skilled workers was set at $1.00 and for unskilled workers at 40 cents; in the central zone the corresponding rates were $1.10 and 45 cents; and in the northern zone they were $1.20 and 50 cents. Wage rates for semiskilled labor were set between those for skilled and unskilled, and a maximum of 30 hours of work per week was established, as was also the case in the PWA.[14] An important exception to the 40-cents-per-hour minimum wage rate was made for state highway projects, which retained the old 30-cents-per-hour minimum rate.[15] This seems to have been done because highway projects utilized almost exclusively unskilled labor, which was largely unorganized and therefore had little power to defend a 40-cents-per-hour minimum wage rate.

Federal relief officials' promises of quickly putting over 2 million additional people to work were quickly realized. In October 1933, 1.5 million people were on work relief. By mid-January 1934, this number had almost tripled to 4.4 million, approximately one-third of the unemployed. Compensation tripled as well, as average monthly payments increased from $16.96 in October 1933 to $60.16 2 months later.[16]

Strong reactions to the CWA were seen almost immediately. Enthusiastic support was manifested by workers, New Deal officials, local government officials, small businessmen, liberals, and progressives, who perceived it as a spark for economic recovery. This was evidenced in an increase in retail merchants' sales of low-priced consumer goods and tools for construction projects, which in turn led to a rise in

private-sector employment.[17] The feelings of many people were summed up by federal relief official Arthur Goldschmidt: "The CWA just started everything going."[48]

Support for the CWA was countered by harsh criticism from most of the business community. Many employers complained that the relief wages paid to several million unemployed workers were often higher than prevailing wage rates in the private sector, dislocating these latter rates and making it difficult to hire sufficient numbers of workers. Since the 1933 average hourly wage for production workers in manufacturing was 44 cents, it appears likely that CWA wage rates did indeed surpass private-sector rates for some categories of work in addition to agricultural and domestic service.[19]

The complaint that high CWA wage rates caused people to prefer the CWA to jobs in the private sector seemed to be validated by the high numbers of jobless who signed up. Reporters noted that city halls in New England were "almost mobbed" by CWA applicants. In Chelsea, Massachusetts, for example, 2,000 applicants were said to have been "congregating sullenly" while waiting for 155 CWA positions. New York City employment offices were so swamped with the several thousand unemployed people who began lining up shortly past midnight the night before CWA applications were taken, that branch offices were quickly set up in settlement houses and welfare organizations in order to handle the crowds.[50]

Additional criticisms were also directed at the CWA. Most widespread and problematic were complaints that the CWA was too expensive and would consequently cause an even larger budget deficit, considered by some to be a major impediment to economic recovery. Also commonly heard were criticisms of "make-work," that is, the projects were seen as unnecessary and devised solely to provide a semblance of work. Still other critics charged that the entire program was prone to graft and corruption. The threatened result of all these complaints was that the CWA would serve to further discourage private initiative; in other words, production and employment would not be substantially increased unless the situation was rectified.[51]

Business-sector criticisms of the CWA provoked a rather quick response from federal relief officials. In mid-January 1934, the CWA was sharply curtailed by cutting the number of hours individuals could work each week, and the planned termination of the entire program was declared. Rapidly put into effect, the first directive concerning the cut in hours arrived in a telegram on January 18, 1934, and mandated compliance from state relief administrations the following day. It ordered a reduction in the number of hours people could work on the CWA to 24 per week in cities with populations over 2,500 and 15 per week in towns with populations less than 2,500 or in the open countryside. Supervisory, clerical, and professional personnel were

exempted, as they could continue to work 30 hours per week. Five days later (in another telegram by Hopkins) the initial policy was amended to allow people in predominantly urban counties to also work 24 hours per week.[52]

Implementation of these cutbacks reflected the strength of different sections of the working class. The reduction in hours was in effect a form of wage-cutting, evidenced in the 25 percent decline in average weekly payments during the week following the policy's inception.[53] Greater militance and organization of the unemployed in northern cities was reflected in the more precipitous reduction in hours in rural as opposed to urban areas and in the program's dismantling beginning in the South. As the CWA ended in March 1934, the separation of policies for rural and urban areas was further solidified in the establishment of two separate programs. The FERA was resumed as the Emergency Work Relief Program (EWRP) for the jobless in cities and contiguous areas, while the Rural Rehabilitation Division was set up for the unemployed in less densely populated regions.

Federal relief administrators' announcement of plans to immediately reduce and shortly terminate the CWA elicited strong support for the program and pleas for its continuation from a wide range of sources. Workers, retailers, progressives, and elected officials led to this chorus of proponents. As a writer in *Time* stated, "The wave of complaints against the way the CWA was run was only a mild ripple compared to the comber of complaints against the plan to stop running the CWA altogether."[54] The CWA had become, according to *Time*, "the most popular part of the New Deal," illustrated by the 37,000 letters sent to Congress in just 1 week in late January in reaction to the announcement of its impending termination.[55] This strong show of support caused New Deal administrators to waver somewhat on their decision to end the CWA. But it was carried through nonetheless. The only concession was a suggestion that the CWA might be revived to a limited extent during the following winter.

Correcting Work-Relief Wage-Rate Policies to Preserve Labor Markets

Following the demise of the CWA, federal relief programs again became both smaller and more restrictive. Returning to pre-CWA policies for determining eligibility for relief and setting work-relief wage rates and hours, a means test was again required for all applicants, and budgetary deficiency was used to determine total payments and the number of hours people could work. Furthermore, the number of people on the relief rolls was cut in half, falling from 4.4 million in January to 2.2 million in April.[56] However, even these cuts proved insufficient to critics within the business sector. By the fall of 1934, state relief administrations had already begun responding to protests from agricultural

employers that both direct-relief and work-relief payments were too high and thereby prevented them from attracting sufficient numbers of workers. Relief officials in some states that experienced high seasonal peaks of agricultural employment resumed the pre-FERA practice of temporarily suspending all relief when seasonal labor was needed and requiring new and conclusive proof of inability to secure a job before resuming any type of aid. Most common in southern cotton and tobacco-growing regions, this practice was officially condoned by the FERA in September 1934.[57]

On November 19, 1934, shortly after the Democrats' resounding victory in the midterm elections, FERA officials capped their work-relief wage-rate policy changes by finally abolishing the contentious 30-cents-per-hour minimum rate. Relief analyst Edward A. Williams explained that unremitting opposition to the 30-cents-per-hour minimum finally led the FERA to abandon it.[58] The *New York Times* phrased it more bluntly. "[The FERA] capitulated today in its battle to maintain a minimum wage scale of 30 cents an hour for employees on work relief projects."[59]

The clearest impact of this policy change was on low work-relief wage rates. The prediction, made by FERA official Jacob Baker, that "the result should be a satisfactory adjustment to the customs and requirements of the communities," was validated as work-relief wage rates in many areas of the country quickly plummeted.[60] By January 1935, rates had fallen below 30 cents per hour throughout the South. In Alabama, Georgia, South Carolina, and Tennessee, work-relief wage rates between 10 and 20 cents per hour predominated, and rates in southern rural areas fell to between 10 and 12 cents per hour.[61]

The FERA, the CWA, and the Logic of the Market

The form of work relief and the extent to which it preserves or interferes with the logic of the market constitutes the third dimension of relief. In capitalist economic systems, money is used to produce goods and services only if the profits they will generate are expected to be greater than profits resulting from other uses of the same money, primarily financial speculation. Thus profitability—the logic of the market—is the main determinant in decisions regarding production and investment. Alternatively, production decisions can be based solely on people's needs. Work relief can then be viewed along a spectrum from programs that are supportive of the logic of the market, that is, production-for-profit, to those based solely on human needs, or production-for-use. In existence before the FERA, production-for-use refers to projects in which consumer goods are produced by relief recipients and then used by the producers or distributed to others on relief. Problems can arise because production-for-use can lead people to question the ra-

tionale of relying on profits as the basis for production decisions and can, therefore, pose alternatives to capitalism.

Although business sector concerns about work-relief wage rates were settled by the fall of 1934, threats to the "logic of the market" were not so quickly resolved. Instead, the spring of 1934 saw the expansion of production-for-use and the production of consumer goods that were clearly needed by the unemployed. It is quite telling that these projects, which provided over 15 percent of all work relief by the winter of 1935, were cut substantially in the WPA, and that projects businessmen seemed to find most offensive were completely eliminated.

Three different types of work relief projects were established in the FERA: construction projects improving public property; white-collar projects for education, research, and the arts; and production-for-use. Construction projects constituted the vast majority of all FERA and CWA work relief: 27–34 percent of the total spent was used to build and repair roads; approximately 15 percent went to improve public buildings; and other construction projects, including work on sewer systems and other utilities, recreational facilities, waterways and flood control, and airports, received from 30 to 38 percent of the funds.[62] Projects for white-collar workers in the arts, education, and research received approximately 5.7 percent of the CWA's funds and 11.5 percent of the allocations in the third phase of the FERA, the EWRP.[63] Although construction projects, and especially white-collar projects, were routinely criticized as "make-work," most businessmen's ire was reserved for the newly created production-for-use projects.

Production-for-use projects that predated the FERA—subsistence gardening, canning produce, and sewing in labor-intensive workrooms for women, and fuel procurement, primarily chopping wood, for men—were continued in the FERA and engendered almost no criticism from the business community. Indeed, labor-intensive sewing rooms composed the majority of production-for-use projects in the FERA and CWA. However, the production-for-use projects established in the 1930s—aid to self-help cooperatives, labor-intensive mattress making, processing cattle dying from the drought, and production of consumer goods in previously idle factories—became targets of vehement business-sector attacks.

Complaints from both employers and workers concerning the "make-work" nature of many work-relief projects in the first few months of the FERA and the CWA led to the expansion of production-for-use as the CWA ended in the spring of 1934. Businessmen's complaints centered on projects typified by snow shoveling and leaf raking, which were continued from pre-FERA programs, while workers' criticisms targeted projects that were considered luxuries (e.g., landscaping, bridle paths, and airports).[64]

Responses to criticisms of make-work had two contradictory results—the renewed pledge that work-relief projects would not compete with

private industry and the expansion of production-for-use. Pledges of noncompetition bolstered the use of construction projects and led to the policy of setting up most work-relief projects with a maximum amount of labor and a minimum amount of capital.[65] Relief officials seemed to hope that if work-relief projects had lower capital-labor ratios compared to the private sector, they would operate on a different basis from private-sector production and thereby preclude interference with the logic of the market. Although somewhat effective with construction projects, this was not at all the case with the new production-for-use projects. Federal relief official Nels Anderson explained the no-win situation: "It is these [make-work projects], in fact, which often come nearest to meeting the government's pledge to industry to do only non-competitive work. If a project is useful it is sure to be criticized because it is competitive, while if it is non-competitive it is just as likely to be condemned by the same critics for not being useful."[66]

Production-for-Use Projects Established in the 1930s

The first new production-for-use projects to receive FERA aid were self-help cooperatives. Cooperatives, established as early as 1930 by groups of unemployed workers, enabled members to trade their labor services to farmers for the ability to harvest crops. This arrangement worked quite well in some areas, especially southern California, since prices of agricultural commodities were so low that wages paid to workers for harvesting crops were often greater than the revenues farmers would obtain from their sale. FERA aid was provided to cooperatives on an experimental basis with several restrictions, most importantly that competition with private industry was prohibited.[67] In practice this meant that goods produced by cooperatives could not be sold through normal market channels.

Problems quickly arose for the cooperatives. The barter arrangements that had been so helpful in the pre-Roosevelt years of the Depression were no longer needed by most farmers due to the success of the Agricultural Adjustment Administration (AAA) in raising the prices of agricultural commodities. Consequently, production of goods became virtually the sole activity of the cooperatives. However, few avenues for sales existed since only two groups were allowed to purchase these goods: cooperative members, who had little money, and government agencies, primarily the Federal Surplus Relief Corporation (which bought commodities to be distributed as in-kind relief) and the state relief administrations.

The first of the production-for-use projects implemented by the New Dealers was the mattress-making project. Planned during the winter of 1934 by administrators in the FERA and the AAA, it was designed to meet the needs of both programs. The AAA's goal of raising prices of agricultural goods was accomplished by reducing their

supply. However, the "destruction tactics" of slaughtering 6 million piglets and 200,000 pregnant sows and plowing under 10 million acres of cotton had elicited substantial public disapproval the previous spring.[68] Thus AAA officials tried to find alternative uses for some of the surplus commodities, including cotton, that had been taken off the market.[69] Federal relief officials favored the mattress project, since it would provide both work relief for women and bedding for some of the unemployed.[70]

In June 1934, FERA administrators authorized the purchase of 250,000 bales of cotton (less than 10% of the surplus cotton acquired by the AAA) for the production of approximately 2 million mattresses and several million comforters.[71] Both to preclude business sector charges of unfair competition and to prevent interference with the AAA's program of supply reduction, regulations for these projects clearly stipulated that the mattresses would not be sold through regular market channels, but would be distributed only as in-kind relief.[72] By mid-August 1934, 559 labor-intensive workrooms had been set up in 40 states for the production of mattresses and other bedding (comforters and sheets). Women sewed the mattresses almost exclusively by hand, and men on work relief built the minimal equipment (primarily frames) that was needed. The mattresses produced in these workrooms were indeed well made, judged to be of such good quality that they would last longer than mattresses produced in the private sector.[73]

The third type of production-for-use project to receive federal aid was centers for processing (slaughtering and canning) cattle, sheep, and goats dying from the severe drought that had turned much of the midwest into a "dustbowl." Since facilities in existing commercial canneries were not extensive enough to handle the millions of animals who were close to death by 1934, the FERA and the Federal Surplus Relief Corporation (FSRC) developed work-relief processing centers on an emergency basis. The FSRC purchased the animals and directed the program, while the FERA provided funds and work relief labor and then distributed the products as in kind relief. By January 1, 1935, approximately 12 million cattle, sheep, and goats had been processed in the centers.[74] In addition, leather from hides that were by-products of the processing centers was used in other projects, primarily shoe repair and the production of wearing apparel and harnesses.

The production-for-use projects that elicited the strongest business-sector criticism were those in which idle workers were put to work in idle factories. Facilities that had been totally or partially shut down by their owners were leased by state and local relief administrations for production of a variety of consumer goods. Most extensive in Ohio, this type of project was known throughout the country as the Ohio Plan.[75]

The Ohio Plan began in June 1934 with the incorporation of the Ohio Relief Production Units by the State Relief Commission of Ohio. Twelve factories were rented that summer for the production of clothing and housewares, with former employees often returning to work in the reopened plants. This time, however, they were on relief. Intending to provide work relief in these production units for all of the 56,000 industrial workers in the state who were on relief, Ohio relief officials conducted a survey of all factories to determine their suitability for the program. Other states also leased factories for work-relief projects. An underwear factory was reopened in Bay City, Michigan, enabling the 250 former employees to return there on work relief. Two more underwear factories were opened in Maine, and at least two knitting mills were rented from their owners in Massachusetts.[76] In Ohio and elsewhere the articles were manufactured in a variety of styles and materials to prevent their being branded as "relief goods."

Assurances of noncompetition with private industry accompanied the Ohio Plan. Products manufactured in these projects could not be sold through normal market channels, but were available only as in-kind relief to recipients of FERA aid. All of the factories were leased on a short-term basis with the stipulation that any factory again able to manufacture profitably would be turned back to its owners. This seemed easy to enforce since the former management personnel were often reemployed to run the leased factories. Finally, federal relief officials periodically reiterated their promise that purchases from the private sector would not be substantially curtailed in favor of goods produced in leased factories or in any of the other production-for-use projects.

Elimination of the New Production-for-Use Projects to Preserve the Logic of the Market

Business-sector criticisms of the new production-for-use projects began shortly after project implementation and increased in stridency until their termination. Charges were made that these projects were less efficient than private enterprise, presented the private sector with unfair competition, and would lead to socialism. All three criticisms pertain to the logic of the market.

Charges of inefficiency in work-relief projects have historically been based on the lack of a profit motive. The assumption is that unless production is based on profits, it cannot be efficient. However, accounts of FERA production-for-use projects indicate that projects involving meat processing, harness making, and production of consumer goods, in both cooperatives and in idle factories, were in fact operating efficiently by industry standards.[77] The same cannot be said, however, of the

mattress-making project since production in these labor-intensive workrooms was deliberately designed to avoid competition with private-sector mattress manufacturers by using a maximum amount of labor and a minimum of capital equipment. Thus the criticisms of inefficiency arose out of the very constraints that precluded efficient production.[78]

Complaints of unfair competition from public-sector production also were not surprising. Businessmen expanded on this contention, arguing that production-for-use would undermine the recovery and further increase unemployment since private-sector production would be replaced by public-sector production.[79] However, this argument was flawed since the goods were not sold through normal market channels, but were distributed only to people on direct relief who, after 5 years of the Depression, had minimal resources; consequently, the receipt of these goods would not materially decrease their purchases of similar goods produced in the private sector. *Business Week* clarified this argument, explaining that competition from the existing small scale of production-for-use projects was not worrisome; instead, businessmen's antipathy toward production-for-use stemmed from "the uncomfortable thought that government manufacture might be expanded widely and might become permanent."[80]

The final criticism, that production-for-use would lead toward socialism, was simply an expression of the business sector's most fundamental fear—that production-for-profit would be replaced by production-for-use. However, their fears were not realized. By the time the FERA ended, so had federal aid to all of the new production-for-use projects.

The cooperative program was severely restricted by both business-sector criticisms and the gradual switch by relief administrations from payment in-kind to payment by cash or check. Businessmen put up a "great protest" whenever federal agencies purchased goods produced by cooperatives, leading to only limited acquisition of cooperatives' goods.[81] The continual protests against cooperatives also led to reductions in FERA aid. For example, cooperatives in California, where most cooperatives were located, received only .37 percent of the total FERA grant funds (and even less in the CWA) from January 1933 through June 1935.[82]

The mattress-making project elicited strong criticism from both mattress producers and other businessmen. Alleged unfair competition from the relief projects provided the basis for "howls of protest from mattress manufacturers."[83] However, the most important factor in the early containment of the project was the collective attack by employers who manufactured other products. As Anderson explained, other businessmen joined the protests of mattress manufacturers because

"they were afraid of what mattress-making might lead to."[84] Less than 3 months after it was established, the mattress-making project was cut back. Although the FERA had initially been authorized to produce 2 million mattresses, federal relief officials announced in September 1934 that the project would be terminated within 2 to 3 months, after approximately 1 million mattresses had been made.[85]

Centers for processing animals dying from the drought were targets of criticisms by retailers of processed foodstuffs, especially of meat.[86] Even more strident attacks were aimed at the projects established to process by-products of the animals. These complaints intensified during the late summer of 1934 as proposals were released to increase production of shoes and other leather products made from animal hides.[87] Acceding to the protests of shoe manufacturers and other businessmen, FERA officials announced that instead of using the approximately three-and-one-half million hides in storage to make goods in work-relief projects, they would be processed by plants in the private sector through bids allowing a profit.[88]

The Ohio Plan was the target of both intense criticism from the business sector and strong support from other quarters. Relief administrators and work-relief recipients applauded the leased factories because they were more similar to regular jobs than other forms of work relief. Thus the work seemed less like a dole and better preserved workers' morale. Relief officials also believed that it more effectively protected work habits and skills, and consequently helped sustain the "work ethic." Further support was evidenced from individual businessmen whose factories were rented by local relief administrations, since they obtained payments from the leases, maintained their workforces, and sometimes worked there themselves.[89]

Most businessmen, however, opposed the factory-leasing projects. Their criticisms began shortly after the inception of the program during the summer of 1934 and intensified throughout the following fall. As was true of the mattress-making project, protests were lodged both by employers who manufactured the same types of goods as those made in relief factories and by other businessmen as well. Sidney S. Korzenik, secretary of the National Knitted Outerwear Code Authority, criticized the two knitting mills leased in Massachusetts as "an inefficient method of distributing relief funds and menacing to private industry."[90] Criticism of the Ohio Production Units was so effective that the Ohio Plan was completely dismantled following the FERA takeover of the Ohio Relief Administration in March 1935.[91] The remaining leased factories projects were also terminated. According to *Business Week:* "So far as FERA is concerned it is apparent now that it will not fly in the face of the indignant protest of business by countenancing any extensive excursion into the field of private industry."[92]

Results of the FERA and the CWA: Direct Relief in the Permanent Social Security Act and Work Relief in the Temporary WPA

The Social Security Act and the WPA were passed in the spring of 1935 during the "second hundred days" of the New Deal. FERA and CWA work relief had proven so problematic that no work program was included in the permanent Social Security Act. Work relief was relegated instead to the temporary Works Progress Administration where it was left to expire in 1943 as mobilization for World War II brought the Great Depression to an end.

The increasing vehemence of business-sector protest against production-for-use projects in the fall of 1934 was undoubtedly affected by a desire to influence proposals then being drawn up for a permanent system of relief. During the developmental stage of this process in the summer and fall of 1934, many government officials and others involved in formulating relief legislation did indeed envision work relief as a component of the permanent federal program. In the report explaining the proposal for Employment Assurance, the Committee on Economic Security, which drafted the initial version of the Social Security Act, declared its support for work relief: "We regard work as preferable to other forms of relief where possible."[93] In addition to Employment Assurance, other proposals were also put forward. Most importantly, Hopkins presented a plan that would have transformed the FERA into a permanent Federal Work Relief Corporation,[94] the United States Conference of Mayors proposed a public employment plan similar to the CWA that would have provided jobs for all of the able-bodied unemployed,[95] and many social workers favored "taking the E out of FERA" and establishing a permanent federal system of work relief and direct relief.[96]

The business sector countered with substantial criticisms and vague proposals. The most serious of these were made by 90 business leaders at the Joint Business Conference for Economic Recovery, held in December 1934. In the conference report, they declared: "The most effective solution of the problem of unemployment and relief is the creation of such confidence between industry and the government that business can proceed with plans to develop new industries, to enlarge existing enterprises, and freely to place private capital in the investment field."[97] They asserted further that this confidence could best be achieved by the federal government returning all relief programs to the state and local level, abolishing make-work, substituting direct relief for work relief to the greatest extent possible, and reducing all relief in order to balance the federal budget.[98] The report went on to

articulate the business leaders' basic fear: "Government competition with private business leads toward socialism."[99]

The essence of these criticisms was taken into account as the Social Security Act was revised.[100] Although the Social Security Act succeeded in providing the foundation for a permanent program of income-support, its final version was less progressive than the original draft. In addition to excising Employment Assurance, opposition from the American Medical Association was widely considered to have caused the elimination of plans for national health insurance.[101] Stipulations that Old Age Assistance provide "a reasonable subsistence compatible with decency and health" and that it could not be denied if requirements as to age and need were met—provisions which would have prohibited racial discrimination—were replaced by the virtually meaningless phrase that general assistance payments would be furnished "as far as practicable under the conditions in such State."[102] Exclusion of workers in agriculture, domestic service, the government, and nonprofit organizations from the social insurance programs ensured that most women and people of color would be eligible only for general assistance. Furthermore, after much debate it was decided that social insurance programs would be financed by regressive payroll taxes instead of potentially progressive taxes on income and wealth.[103]

The WPA, which contained all federally-supported work relief, caused far fewer problems than the FERA. Continuing as the FERA had, as a clearly temporary program, enabling legislation was passed each year from 1935 through 1943.[104] The WPA provided work relief for between 1.5 and 3.3 million people (from 16% to 31% of the jobless) at any one time, the high points occurring in October and November of 1936 and 1938, shortly before elections.[105]

The "ideology of the dole" was reinforced in the post-FERA relief system. Distinctions between those receiving work relief and direct relief were strengthened, as direct relief was turned back to state and local relief administrations. Since state and local revenues had not appreciably increased and federal policies were no longer in effect, immediate reductions were seen in both the number of cases receiving direct relief and the level of payments. This was accomplished, in part, by the reinstatement in many areas of pre-FERA practices designed to discourage application for relief: investigation of cases by police and firemen, forcing people to stand in line in public places in order to receive surplus commodities, sending single people to almshouses and county poorhouses instead of providing outdoor relief in communities, and providing an increasing portion of relief payments in-kind instead of in cash.[106] Finally, as increasingly reliable estimates of homelessness became available through FERA investigations, the federal government withdrew its support for the Transient Program and re-

turned responsibility for care of the homeless to state and local relief agencies. Consequently, transients usually received nothing.[107]

The reassertion of state and local authority over relief programs also led to a resumption of the work test, which quickly reappeared in local programs as the FERA was winding down in late 1935. By 1940, the work test was operating in at least 24 states where it affected approximately 180,000 people (about 8% of those on WPA projects).[108] The WPA continued to modify work-relief wage-rate policies that had been perceived as interfering with labor markets during the FERA and the CWA. Individual WPA payments were initially based on a monthly security wage rather than an hourly rate, with the amount determined by skill level (unskilled, intermediate, skilled, and professional and technical), area of the country (four categories), and degree of urbanization (five categories). The 80 resultant levels of payment ranged from $19.00 dollars per month—far below the contentious FERA minimum—to $94.00 per month.[109] Compared to the FERA, the WPA posed virtually no alternatives to the logic of the market. FERA production-for-use projects that had called into question the basic rationality of production-for-profit were terminated by the time the WPA began The only production-for-use projects continued in the WPA were those that predated the FERA.[110]

Conclusion

Government work programs established since the 1930s have incorporated lessons learned in the FERA and the CWA: programs have been more clearly divided into those for welfare recipients and those for the unemployed and underemployed regardless of their welfare status; instead of creating jobs for the unemployed most of the programs have either provided education and training or placed participants in already-existing jobs; mandatory programs have outweighed voluntary programs; payments have been designed to avoid interference with labor markets; and production-for-use has remained outside the boundaries of consideration. Mandatory work relief, which returned on the local level for some of the "unemployable" jobless removed from the federal rolls as the FERA ended, remained the only form of government work program from mid-1943 through the early 1960s. Federal work programs returned in 1962 with the Manpower Development and Training Act (MDTA), which provided on-the-job training in the private sector and vocational training through the public sector. In 1967 the Work Incentive (WIN) Program used a combination of carrots and sticks to channel AFDC recipients into already-existing jobs in the low-wage labor market.

The only programs that were perceived as threatening to labor markets and the logic of the market—and the only job creation pro-

grams—appeared in the 1970s with the Public Employment Program (PEP) from 1971–73 and the Public Service Employment (PSE) component of the Comprehensive Employment and Training Act (CETA) from 1974–81. Complaints that were heard often in the 1930s were commonly made towards PSE: wages were too high, the program was prone to graft and corruption, the work was done inefficiently, and only make-work was provided.[111] Yet contradictory requirements in CETA's authorizing legislation made the latter two charges virtually inevitable. CETA was mandated to simultaneously provide useful services and prevent substitution of CETA projects for normal government operations. However, projects that were outside normal government operations were easily viewed as not useful. Additional limitations on both the duration of the projects and the length of a person's participation in the program, designed to prevent substitution of CETA workers for "normal government operations," exacerbated problems of make-work and inefficiency by complicating long-term planning and forcing agencies to spend a good deal of time training new CETA workers when the previous person's 12 months ended. Despite the fact that a maximum of 742,000 PSE jobs were created—compared to the CWA's 4.3 million jobs—criticisms of PSE seemed as intense as similar complaints had been in the 1930s.[112] The outcome was similar as well. In 1978 CETA established the Private Sector Initiative Program (PSIP), in which Private Industry Councils (PICs) shaped training programs to meet the needs of local employers, and the entire CETA program was terminated shortly after Ronald Reagan became president in 1981.

Government work programs in the 1980s have created virtually no problems for "ideology of the dole," the functioning of labor markets, or the logic of the market. Although it was short-lived, the PSIP provided the model for the Job Training and Partnership Act (JTPA) of 1982, as local PICs have continued to design training programs for welfare and nonwelfare participants. Work programs for welfare recipients have often been mandatory and punitive. Given much discretion by the federal government, individual states have set up their own WIN demonstration (alternatives to WIN) and workfare programs. Although minimal education and training has often been included, most of the programs have centered around work tests, or work requirements, as welfare recipients have been required to work at specially created public service jobs in order to receive their welfare checks.[113] Job creation has been virtually absent from the 1980s debates.

Welfare reform is again on the political agenda. Although substantial agreement exists among many legislators and policy analysts that welfare recipients should work outside the home, fundamental questions remain.[114] Should work be mandatory or voluntary? How should payments, including work-related expenses, be set? What types of projects,

if any, should the government implement and how extensive should they be?

Government work programs that existed in the 1930s, particularly the FERA and the CWA, can provide models for developing progressive alternatives to current programs and proposals. It is clear from the experience of the 1930s that the federal government—then only a fraction of its current size—does indeed have the capacity to put several million people to work in decent jobs at decent wages. These programs from the 1930s can also be used to support arguments that work should be voluntary and that payments should be high enough to lift people out of poverty. Finally, current government work programs could use as examples the innovative projects of the 1930s: construction and repair of public property (e.g., repairing bridges and mass transportation systems), public-sector projects (e.g., teacher's aides and conservation), public support for the arts, and production of needed consumer goods for other welfare recipients and the homeless. Applying lessons from the 1930s to the present can thereby help regain control of the welfare-reform agenda.

Notes

1 In 1939 the WPA's name was changed from the Works Progress Administration to the WPA

2 These definitions use the phrase "work that is normally paid a wage" to differentiate it from nonwage work performed in the home

3. Eligibility for Employment Assurance would have occurred automatically after the exhaustion of a person's unemployment compensation and after a brief wait for those excluded from the unemployment compensation program

4 Even Edwin Witte, chair of the Committee on Economic Security that formulated the Social Security Act, noted that at the time of its passage it was "acclaimed as sound and conservative." Edwin Witte, *The Development of the Social Security Act* (Madison University of Wisconsin Press, 1962), p 76. See also, e g , Paul H Douglas, *Social Security in the United States: An Analysis and Appraisal of the Federal Social Security Act* (New York McGraw-Hill, 1936), p. 292, Maxwell S. Stewart, *Social Security* (New York. Norton, 1937), p. 190, Arthur M Schlesinger, Jr , *The Coming of the New Deal*, vol 2 of *The Age of Roosevelt* (Boston: Houghton Mifflin, 1959), pp 307–13; Frances Fox Piven and Richard A Cloward, *Regulating the Poor: The Functions of Public Welfare* (New York: Vintage, 1971), pp. 89–94, Walter I Trattner, *From Poor Law to Welfare State A History of Social Welfare in America* (New York: Free Press, 1979), pp. 235; Jill Quadagno, "Welfare Capitalism and the Social Security Act of 1935," *American Sociological Review* 49, no. 5 (1984): 634; John H. Ehrenreich, *The Altruistic Imagination: A History of Social Work and Social Policy in the United States* (Ithaca, N Y Cornell University Press, 1985), p. 100; and Mimi Abramovitz, *Regulating the Lives of Women Social Welfare Policy from Colonial Times to the Present* (Boston: South End Press, 1988), pp. 232–35.

5. Arthur W. Macmahon, John D Millett, and Gladys Ogden, *The Administration of Federal Work Relief* (New York. Da Capo, 1971), pp 26–27

6. Alan Pifer and Forrest Chisman, for project on the federal social role, *50th Anniversary Edition The Report of the Committee on Economic Security of 1935 and other Basic Documents Relating to the Development of the Social Security Act* (Washington, D.C National Conference on Social Welfare, 1985), p. x.

7. An additional 93,000 people were given work relief through the general relief program, bringing the total to 4.4 million. Theodore E. Whiting and T J. Woofter, Jr.,

Summary of Relief and Federal Work Program Statistics, 1933–1940 (Washington, D.C.: Government Printing Office, 1941), p. 46, and Works Projects Administration (WPA), *Final Statistical Report of the Federal Emergency Relief Administration* (Washington, D.C.: Government Printing Office, 1942), p. 46.

8. Piven and Cloward, p. 82, and Michael B. Katz, *In the Shadow of the Poorhouse: A Social History of Welfare in America* (New York: Basic, 1986), pp. 225–26.

9. See, e.g., Schlesinger, pp. 274–75, and Alden F. Briscoe, "Public Service Employment in the 1930s: The WPA," in *The Political Economy of Public Service Employment*, ed. Harold L. Sheppard, Bennet Harrison, and William J. Spring (Lexington, Mass.: D. C. Heath, 1972), p. 96.

10. Piven and Cloward, chap. 3, Katz, pp. 225–26, and Robert H. Bremner, "The New Deal and Social Welfare," in *Fifty Years Later: The New Deal Evaluated*, ed. Harvard Sitkoff (Philadelphia: Temple University Press, 1985), p. 71.

11. See, e.g., Briscoe, p. 96, Henry L. Allen, "A Radical Critique of Federal Work and Manpower Programs, 1933–74," in *Welfare in America: Controlling the Dangerous Classes*, ed. Betty Reid Mandell (Englewood Cliffs, N.J.: Prentice-Hall, 1975), Ewan Clague, in collaboration with Leo Kramer, *Manpower Policies and Programs: A Review, 1935–75* (Kalamazoo, Mich.: Upjohn Institute, 1976), Leonard Goodwin and Pauline Milius, "Forty Years of Work Training," in *The Work Incentive Experience*, ed. Charles D. Garvin, Audrey D. Smith, and William J. Reid (Montclair, N.J.: Allanheld, Osmun & Co., 1978), and Grace A. Franklin and Randall B. Ripley, *CETA: Politics and Policy, 1973–1982* (Knoxville: University of Tennessee Press, 1984).

12. This reality has hit home for many in the 1970s and 1980s, as a variety of people, from steelworkers to university professors, have lost jobs they believed would be theirs until retirement.

13. Abramovitz.

14. See ibid., pp. 86–93, 155–163, and Katz, esp. chap. 1, for discussions of these early work tests.

15. Bureau of the Census, *Historical Statistics of the United States, Colonial Times to 1970* (Washington, D.C.: Government Printing Office, 1975), p. 126.

16. Piven and Cloward (n. 4 above), p. 60.

17. WPA, p. 46, and Joanna C. Colcord, William C. Koplovitz, and Russell H. Kurtz, *Emergency Work Relief: As Carried Out in Twenty-six American Communities, 1930–1931, with Suggestions for Setting Up a Program* (New York: Russell Sage, 1932), pp. 32–221.

18. Discussions of the unemployed councils can be found, e.g., in Roy Rosenzweig, "Radicals and the Jobless: The Musteites and the Unemployed Leagues, 1932–36," *Labor History* 16 (Winter 1975): 52–77, "Organizing the Unemployed: The Early Years of the Great Depression," *Radical America* 10 (July–August 1976): 37–62, and Piven and Cloward, *Poor People's Movements: Why They Succeed, How They Fail* (New York: Vintage, 1977), chap. 2.

19. In May 1934, the first month for which data was collected, direct relief consisted of 90.8 percent in-kind payments and only 9.2 percent cash payments. In contrast, only 5.9 percent of work relief was dispensed in kind, with the remaining 94.1 percent in cash. By December 1935, in-kind payments still dominated direct relief, as 55.4 percent of it was given in kind and 44.6 percent in cash. At that time, 96.8 percent of work relief was dispensed in cash and only 3.2 percent in kind. WPA (n. 7 above), p. 21. Relief payments had historically been given in kind due to the widespread view, which stemmed from the "ideology of the dole," that relief recipients were irresponsible and could not be trusted to purchase the goods they really needed.

20. In fact it was estimated that "unemployables" constituted approximately 20 percent of the FERA relief rolls. Arthur E. Burns, "Federal Emergency Relief Administration," in *The Municipal Yearbook 1937: The Authoritative Resume of Activities and Statistical Data of American Cities*, ed. Clarence E. Ridley and Orin F. Nolting (Chicago: International City Managers' Association, 1937), p. 397.

21. Ellery F. Reed, *Federal Transient Program: An Evaluative Survey, May to July, 1934* (New York City: Committee on Care of Transient and Homeless, 1934).

22. Doris Carothers, *Chronology of the Federal Emergency Relief Administration, May 12, 1933, to December 31, 1935*, WPA Research Monograph 6 (Washington, D.C.: Government Printing Office, 1937), pp. 22, 27–28.

23. Ibid., 27–28, Federal Emergency Relief Administration (FERA), *Proceedings of the Conference on Emergency Needs of Women* (November 20, 1933), "Women's Division," *FERA Monthly Report* (July 1935), pp 43–46, and Mary Elizabeth Pidgeon, *Women in the Economy of the United States of America Employed Women under N R A Codes* (Washington, D C. Government Printing Office, 1937)
24 Alfred Edgar Smith, "The Negro and Relief," *FERA Monthly Report* (March 1936), pp 14–15.
25 WPA, p 54, and Corrington Gill, "The Civil Works Administration," in Ridley and Nolting, eds , p 431
26 William F Leuchtenburg, *Franklin D Roosevelt and the New Deal, 1932–1940* (New York Harper Colophon, 1963), p 52
27. Macmahon et al (n 5 above), p 35
28 Carothers, pp 15, 20–21, 42, 71, and "Relief for White-Collar Workers," *FERA Monthly Report* (December 1935), pp 59–66.
29 Carothers, p 61
30 *FERA Monthly Report* (May 22–June 30, 1933), pp 11–12
31 Ibid.
32 Josephine Chapin Brown, *Public Relief, 1929–1939* (New York Henry Holt, 1940), p 235
33 Carothers (n 22 above), p 63
34 Since 1935, unemployment compensation has offered a first line of protection for laid-off workers However, it has three important limits (1) payments are approximately one-half of the income earned by working for a wage or salary, (2) it normally is given for only 26 weeks, and (3) many workers in the secondary labor market (e g , in agriculture, some services, and some manufacturing outside the industrial core of the economy) are excluded
35 For example, such strikes were held by CWA workers in New York City in December 1933, and by FERA workers in Rochester, New York, in April 1934, and in Denver in October 1934 *New York Times* (December 5, 1933 and October 31, 1934), and *Social Work Today* 1 (July–August 1934), p 17
36 U S Congress, *Hearings before the Committee on Expenditures in Executive Departments, to Ascertain the Present and Future Policy of the CWA, H R* 7527, 73d Cong , 2d sess (February 13, 1934), p 16
37 Burns, "Work Relief Wage Policies, 1930–1936," *FERA Monthly Report* (June 1936), p 32
38 Criticisms of the minimum work-relief wage rate can be found in the following U.S Congress, *Hearings before the Subcommittee of the House Committee on Appropriations in charge of Deficiency Appropriations, H R 7527*, 73d Cong , 2d sess. (January 30, 1934), pp 37–38, *Hearings before the Committee on Expenditures in Executive Departments*, pp 14–15, Florida Emergency Relief Administration, *Unemployment Relief in Florida, July 1932–March 1934* (October 1935), pp. 130–31, Burns, "Work Relief Wage Policies," p 39, *New York Times* (December 23, 1933), and "Relief: Competition," *Time* (January 1, 1934), p 10.
39 Burns, "Work Relief Wage Policies," p 32
40 This occurred, e g , throughout North Carolina with the exception of a few cities. The reasoning was stated clearly by the North Carolina Emergency Relief Commission. "This wage was much above the level of wages in practically all sections of the state " North Carolina Emergency Relief Commission, *Emergency Relief in North Carolina A Record of the Development and the Activities of the North Carolina Emergency Relief Administration, 1932–1935* (Edwards and Broughton, 1936), p. 51
41 By March 1933, approximately one thousand municipal governmental units had defaulted on their debts and by the end of the year 1,300 had done so This year-end figure included 303 counties, 644 cities and towns, 300 school districts, and 60 other districts In addition, the states of Arkansas, Louisiana, and South Carolina also defaulted Lester V Chandler, *America's Greatest Depression, 1929–1941* (New York. Harper & Row, 1970), pp. 48–49.
42. The Public Works Administration was also authorized by the NIRA, whereas the FERA and WPA were authorized through a series of Emergency Relief Appropriation Acts.

43. Bonnie Fox Schwartz argues that since the CWA bypassed much of the existing relief apparatus, it antagonized many social workers who then failed to support demands for the program's extension Schwartz, *The Civil Works Administration: The Business of Emergency Employment in the New Deal* (Princeton, N.J . Princeton University Press, 1984).

44. Federal Civil Works Administration Rules and Regulations no 1 issued on November 15, 1933, see Carothers (n 22 above), pp. 28–30

45. Ibid , p. 30.

46. Burns, "Work Relief Wage Policies," pp 33–38, and WPA (n 7 above), p. 46.

47 Edward A Williams, *Federal Aid for Relief* (New York: Columbia University Press, 1939), p. 122 The increase in production and employment can be seen in the 12 percent rise from mid-November to mid-December of *Business Week*'s "weekly index of business activity," *Business Week* (December 31, 1933), p. 2.

48. Arthur Goldschmidt, Head of Professional Service Projects, FERA, interview with author, October 15, 1981

49. Bureau of the Census (n 15 above), p 170

50 *New York Times* (November 26, 1933), and Schlesinger (n 4 above), p 273.

51 U S Congress, *Hearings before the Committee on Expenditures in Executive Departments* (n 36 above), pp 14–15, *Hearings before the Subcommittee of the House Committee on Appropriations in charge of Deficiency Appropriations* (n 38 above), pp. 37–38, *New York Times* (n 39 above), *New York Times* (January 23, 1934), "Relief Competition" (n 38 above), p. 10; Gill (n. 25 above), p 431, Florida Emergency Relief Administration (n. 38 above), pp 130–31, and Harry A Millis and Royal E. Montgomery, *The Economics of Labor*, vol. 2 of *Labor's Risks and Social Insurance* (New York McGraw-Hill, 1938), p 95

52 Carothers, p 41

53 Burns, "Work Relief Wage Policies" (n 37 above), p. 37

54 "Relief. $2 to All," *Time* (February 5, 1934), p 17

55 Ibid

56 WPA (n 7 above), p 46; and Whiting and Woofter (n 7 above), p 46

57 *FERA Monthly Report* (July 1935) 49

58 Williams (n 47 above), p. 126

59 *New York Times* (November 23, 1934)

60 Ibid.

61 "Survey of Common Labor Rates on the Work Program," *FERA Monthly Report* (January 1935), pp 5–7

62 Gill (n. 25 above), p. 431; and WPA, p. 54

63 Ibid.

64 Stephen Raushenbaush, "Common Sense Follows the CWA," *Nation* (April 18, 1934), p 444

65 For example, in the CWA only 19 2 percent of the funds were spent on materials, while 79 3 percent went to wages and salaries (Gill, p 421) The remaining 1 5 percent of the funds were used for other costs

66 Nels Anderson, *The Right to Work* (New York: Modern Age, 1938), p. 65

67. *FERA Monthly Report* (May 22–June 30, 1933), p 16.

68. Leuchtenburg (n. 26 above), pp 72–73

69 The cotton surplus was quite large, as the accumulation of approximately 26 million unsold bales by 1931 helped cause the price of raw cotton to plummet from 20 cents per pound in 1928 to 6.4 cents per pound in 1932 T J Woofter, Jr , "Landlord and Tenant on the Cotton Plantation," *FERA Monthly Report* (June 1936), p. 92; and Bureau of the Census (n 15 above), p. 208

70 U S Congress, *Hearings before the Senate Committee on Agriculture and Forestry, S 2500*, a bill to aid in relieving the existing national emergency through the free distribution to the needy of cotton and cotton products, 73d Cong., 2d sess. (February 9, 1934), p 3.

71 Women's Work Series no 41, in Carothers (n. 22 above), p. 60

72. *Hearings before the Senate Committee on Agriculture and Forestry, S 2500.*

73 Clark Kerr and Paul S Taylor, "The Self-Help Cooperatives in California," in *Essays in Social Economics in Honor of Jessica Blanche Peixotto* (1935; reprint, Freeport, N.Y . Books for Libraries, 1967), p 222

74 P. A Kerr, "Production-for-Use and Distribution in Work Relief Activities," *FERA Monthly Report* (September 1935), pp 2–8, and James Rorty, "The Relief Business Is Booming," *Nation* (August 22, 1934), p 207.

75. Information on the Ohio Plan came from the following sources: P. A Kerr, p 12, Joanna C. Colcord, "Ohio Produces for Ohioans," *Survey* (December 1934), pp. 371–73, "Operation of Idle Factories by Ohio Relief Authorities for Benefit of Unemployed," *Monthly Labor Review* (December 1934), pp. 1311–19, R. G Swing, "EPIC and the Ohio Plan," *Nation* (October 3, 1934), pp. 379–80, and State Relief Commission of Ohio, *The State Relief Commission of Ohio and Its Activities, April 1932 to January 1, 1935* (Columbus, Ohio Carroll Press, 1935), p 53.

76 There may well have been other leased factories, but it is difficult to ascertain from the FERA reports whether a project was a leased factory or a labor-intensive workroom.

77. P A. Kerr, pp 2–12.

78. This explanation also holds true for criticisms of inefficiency in FERA construction projects.

79 Swing, p 380; *New York Times* (September 9 and October 8, 1934).

80 "FERA Factories," *Business Week* (July 28, 1934), p. 22.

81. Williams (n 47 above), p 146.

82. State Relief Administration of California, *Review of Activities of the State Relief Administration of California, 1933–1935* (Sacramento· California State Printing Office, 1936), p 201.

83. Robert E Sherwood, *Roosevelt and Hopkins* (New York. Bantam, 1948), 1 70.

84 Anderson (n. 66 above), p 56.

85. FERA Press Release no. 922, in Carothers (n. 22 above), p 66.

86 "Relief Business," *Business Week* (September 15, 1934), p 9

87 *New York Times* (September 9 and October 8, 1934).

88 "Production for Use," *Survey* (October 1934), p 328; "Relief Business," p 9, and "Relief from Relief Industry," *Business Week* (October 20, 1934), p. 7

89. Colcord, "Ohio Produces for Ohioans" (n 75 above), p 373, "Operation of Idle Factories" (n 75 above), p 1318, and Anderson, pp 112–13

90 *New York Times* (November 21, 1934).

91. *Cleveland Plain Dealer* (March 17 and 18, 1935), *New York Times* (March 17, 18, and 19, 1935), *Nation* (March 27, 1935), p 346, and Williams (n. 47 above), p 178

92 "Relief from Relief Industry," p 7

93 *Report of the House Committee on Economic Security*, in *Hearings before the Committee on Ways and Means, House of Representatives, H R 4120*, 74th Cong , 1st sess (January 21–February 12, 1934), p 21.

94 *New York Times* (November 29, 1934), and Macmahon et al (n 5 above), pp 39–42.

95. "The Mayors Confer with the President," *American City* (October 1934), pp 39–40, and "The Business of Federal Relief," *Survey* (January 1935), p. 24

96 "What about a Permanent Plan?" *Survey* (December 1934), p 391, Edith Abbott, "Don't Do It, Mr Hopkins," *Nation* (January 9, 1935), pp 41–42

97 "Organized Business Presents Its Recovery Program," *Congressional Digest* (January 1935), p. 27.

98 Ibid., pp 26–31; and "Recovery Concert," *Business Week* (December 22, 1934), pp. 5–6.

99. *Congressional Digest* (January 1935), p 29.

100. Edwin Witte, chair of the Committee on Economic Security, wrote of several conferences he had with Henry I. Harriman, president of the U.S Chamber of Commerce "Mr. Harriman's general attitude was that some legislation on social security was inevitable and that business should not put itself in the position of attempting to block this legislation, but should concentrate its efforts upon getting it into an acceptable form " Witte (n 4 above), p. 89.

101. Ibid , p. viii

102 Douglas (n 4 above), pp 100–101

103. Ibid., pp. 63–65; Stewart (n. 4 above), pp. 185–86; and Abraham Epstein, " 'Social Security' under the New Deal," *Nation* (September 4, 1935), pp. 261–63.

104. Donald S. Howard, *The WPA and Federal Relief Policy* (New York Russell Sage, 1943), p. 106

105. Whiting and Woofter (n. 7 above), pp. 46–48

106. Brown (n. 32 above), p 380, and Lincoln Fairley, "Survey of Former Emergency Relief Administration Cases in New Jersey," *FERA Monthly Report* (June 1936), pp 100–108.

107 Howard, p 338

108 The work test was authorized in nine additional states as well Howard, p 633, Brown, p 379, and Arthur E Burns and Edward A Williams, *Federal Work, Security, and Relief Programs*, WPA Research Monograph 24 (Washington, D C Government Printing Office, 1941), p 114.

109. *FERA Monthly Report* (May 1935), pp 3–4

110 Of the total WPA expenditures, 6 4 percent was spent on sewing projects and only 6 percent on all other production-for-use (gardening and canning produce) WPA (n 7 above), p 112

111 See, e g., Franklin and Ripley (n 11 above), pp 15, 123, David Whitman, "The Key to Welfare Reform," *Atlantic* (June 1987), p 23, Laurie J Bassi and Orley Ashenfelter, "The Effect of Direct Job Creation and Training Programs on Low-skilled Workers," in *Fighting Poverty*, ed Sheldon H Danziger and Daniel H Weinberg (Cambridge, Mass Harvard University Press, 1986), p 136, and Martin Morse Wooster, "Bring Back the WPA? It Also Had a Seamy Side," *Wall Street Journal* (September 3, 1986).

112 William Mirengoff, Lester Rindler, Harry Greenspan, and Scott Seablom, *CETA Assessment of Public Service Employment Programs* (Washington, D C National Academy of Sciences, 1980), p 105

113 Analyses of the 1980s WIN Demonstration and workfare programs can be found in the following sources Teresa L Amott and Jean Kluver, *ET A Model for the Nation? An Evaluation of the Massachusetts Employment and Training Choices Program* (Philadelphia American Friends Service Committee, 1986), Nancy S Dickinson, "Which Welfare Work Strategies Work?" *Social Work* 31, no 4 (July–August 1986) 266–72, Judith Gueron, *Work Initiatives for Welfare Recipients* (Manpower Demonstration Research Corporation, 1986), U S General Accounting Office, *Work and Welfare Current AFDC Work Programs and Implications for Federal Policy* (Washington, D C Government Printing Office, 1987), Casey McKeever, *Sixteen Months of GAIN Troubling Trends* (Sacramento Western Center on Law and Poverty, 1988), Judith Gueron, "State Welfare Employment Initiatives Lessons from the 1980s," *Focus* 11, no 1 (Spring 1988) 17–24, U S General Accounting Office, *Work and Welfare Analysis of AFDC Employment Programs in Four States* (Washington, D.C. Government Printing Office, 1988)

114 The fact that women on welfare already work in the home raising children has thus far not even been recognized in most of these debates

The Boarding of the Dependent Poor in Colonial America

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Despite the fact that boarding paupers in private homes was a principal method of poor relief in colonial America, there are no detailed accounts of it This article reconstructs the day-to-day operation of boarding paupers in one county in Maryland and offers a critique of recent interpretations of this practice

On the morning of Wednesday, December 5, 1739, in the Annemessex hundred of Somerset County, Maryland, Sampson Wheatley was transporting Mary Lindall by cart to the residence of Thomas Lindsay on whose plantation she was to work that day. As the cart approached the plantation of Lindsay's neighbor, John Coldhone, it became evident from her deteriorating condition that Mary Lindall could not complete the journey, so Wheatley drove the cart in the direction of Coldhone's home. Four months later, at the March session of the Somerset County Court in Snow Hill, in a petition read to the fourteen assembled Justices of the Peace, John Coldhone described what happened that December morning and what ensued thereafter: "Alighting from the cart at my house she could not stand up and your petitioner did not know by her actions that she was in liquor but your Sampson Wheatley informed your petitioner to the contrary so your petitioner and his wife had her into his home where she remained since and in such a condition that she is incapable of helping herself not even to perform

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the works of nature being by all appearances dead from the waste downwards."[1] Coldhone told the justices that he and his family "has a very heavy hand" with Mary Lindall and requested that they "give order for her removal or grant what your lordships shall think deserving of such trouble." After questioning Coldhone regarding the expenses he had incurred in keeping Mary Lindall, the justices ordered that she should remain in his household until the next session of the November Court when he would be paid 2,000 pounds of tobacco as compensation for keeping her.[2] By this order the court converted Mary Lindall's status to that of an "object of charity," as a pauper, a recipient of poor relief, was described in colonial America.

John Coldhone was one of 264 householders in Somerset County who kept the dependent poor at public expense from 1724 to 1759, and Mary Lindall was one of 456 individuals whom the Somerset Court supported as paupers in the same period. The manner in which Mary Lindall was furnished with relief, paying a household head for boarding her in his own home, was one of the principal means by which county courts in colonial Maryland provided for the dependent poor. Indeed, throughout the colonies for much of the colonial period, boarding paupers was not only a common but, in many localities, the most frequently employed relief method.[3] There were, however, some exceptions. By the mid-eighteenth century, in response to swelling relief rolls, the larger towns and cities, from Boston to Charleston, had phased out boarding and outdoor relief in favor of committing the destitute to poorhouses. But in small towns and in the more numerous rural and less populated localities, particularly those areas such as Somerset, the practice of boarding persisted until the close of the colonial period, and, in some localities, until well into the nineteenth century.

The fact that paupers were commonly boarded in the colonial era has significantly influenced recent interpretations of colonial poor relief. Historians have argued that the practice is suggestive of the colonists' concern about, and sympathy toward, their dependent poor and that the subsequent elimination of this practice resulted from an altered attitude toward the poor. The present article describes this interpretation more fully, examines the day-to-day operation of boarder relief in one county in colonial Maryland, and, in the light of the Maryland evidence, offers a critique of this interpretation.

* * *

In contrast to other forms of relief—which, by providing for the dependent poor in their own homes or in separate institutions, did not oblige the nonpoor to relate to the poor—the practice of boarding the poor directly involved local residents in their care. It is this feature which, in addition to its ubiquity, accounts for the attention given to

it in recent studies of colonial poor relief. Because local residents admitted the poor into their own homes and there ministered to their needs, the practice has been cited as evidence of the colonists' uncritical attitude toward their resident poor. Because, too, the dependent poor were not excluded but intimately included in the lives of the nonpoor, the boarding of the poor is assumed not merely to reflect but also to have contributed to the social cohesion of early colonial communities. Rothman, for example, argues that the boarding of the poor points to the colonists' "easy acceptance of the poor and itself encouraged this perspective. One did not take suspicious persons into one's household and the very act of boarding made it that much more difficult to conceive of dependents as a class to be distrusted and feared."[4] In Rothman's view, the support of the dependent poor in private homes makes evident the colonists' disinterest in institutionalizing their poor: "Poverty seemed trouble enough without the pain of separation."[5] According to Bernhard, an important factor contributing to the formation of community in seventeenth-century Virginia was the direct, personal involvement of Virginians in the care of the destitute. "From the perspective of the twentieth century," she writes, "it is difficult to imagine a society where the poor, the sick, and the unwanted were taken into private homes to be fed, clothed, and sheltered. Granted that this practice was adopted by necessity rather than by choice, its effects on the social fabric and on human relationships were an integral part of the formation of a social order and of a kind of community."[6] Bernhard finds in the substantial amounts paid to householders for keeping the poor, evidence of the Virginians' generosity to the poor. More generally, Bernhard argues that the arrangements made in colonial Virginia for the destitute, principally boarding them, show that Virginians possessed a social conscience and uncomplainingly and carefully cared for their dependent poor.[7]

The phasing out of the practice of boarding the poor, first in the cities and later in rural localities, has been interpreted as signaling a fundamental change in the relationship between the poor and the nonpoor. What caused this change, it is suggested, was the development of a market economy that undermined the cultural and social conditions that had made the practice possible and acceptable. Referring to the rural villages in the Manhattan hinterland in the late eighteenth century, Cray has recently written: "Ties to the commercial world signified a change within the rural environment. . . . The close knit social fabric of village life gave way to a more individually oriented society caught in the process of economic modernization. Nowhere was this more evident than in the evolution of public charity from a system of boarding the poor among villagers to one that increasingly favored almshouses. In the process the rural poor came to be viewed less as objects of charity and more as costly burdens."[8] Lee offers a similar interpretation

of the much earlier decline of the practice of boarding in the urban centers of colonial Massachusetts and its replacement by poorhouses: "Specialized institutions like the almshouse/workhouse represented change. . . . The impact of population growth and mobility made former methods less acceptable. Towns were less able or less willing to impose poor people upon established households than in earlier years. Boarding neighbors and life-long inhabitants was one thing. Trying to board Court imposed poor persons or those not fully accepted as part of the community was quite another."[9]

The validity of these accounts of the colonists' attitudes toward, and treatment of, the dependent poor and their changing relationship to them depends in part on a correct reading of what was entailed in the boarding of the poor. However, information about this method of poor relief is very scanty and fragmentary, and the historians who have advanced these interpretations concede that they are largely conjectural. The surviving county, parish, and town records on which they have relied certainly testify to the fact that the poor were kept in private homes and that the practice was widespread, but the only information contained in these records is the names of the householders who kept the poor and the amounts paid to them. Historians have little notion of the circumstances that brought the poor into dependence on this form of relief, of the characteristics of the households in which the poor were kept, of the relationship that members of the household had to those in their care, and of how this method of relief was managed by local authorities. However, at the time that relief was granted, some of this information was available in written form. When making a decision to award boarder relief or to compensate a householder for keeping a pauper, a local authority almost always had before it a written petition from the pauper describing the causes of dependency and a written petition from the householder detailing the services provided. But these petitions were not transcribed into the official record (to give legal validity to a local authority's decisions it was sufficient merely to record names and the amounts involved), and the petitions were retained with other documents in bundles of loose papers and then eventually discarded.

The only locality in which these petitions appear to have survived is Somerset County, Maryland for the period 1725–59. These records, made fully available for public inspection only in 1985, consist of some 500 detailed petitions for poor relief by householders who were keeping the poor and by individuals seeking relief for themselves or their dependents.[10] Complementing these petitions are the official court record, levy lists, and tax lists for most of the years between 1725 and 1759.

Because it was typical of localities that boarded the poor, eighteenth-century Somerset is in many respects an ideal site for examining the

operation of the boarding of the poor and assessing recent interpretations of it. Recipients of poor relief were long-term residents who were fully integrated into the county's social economy. Its free population was culturally homogeneous, and the number of individuals receiving relief in any given year was small.

Located on the Lower Eastern Shore of Maryland, Somerset County, in the eighteenth century, supported a scattered population of native-born planters of English and Scottish descent who grew tobacco, wheat, and corn for the European and West Indian markets.[11] There were no towns to speak of. The county was ruled by a small, self-perpetuating oligarchy of wealthy gentlemen planters and merchant-planters who maintained large households, who had sizeable landholdings (from 500 to 4,000 acres of the county's most valuable land), and who owned the bulk of the slaves that made up approximately 30 percent of the county's population. These men occupied the offices of the justice of the peace, the highest positions of authority in local government. Below this gentry class was a much larger group of "middling" or yeomen planters who typically farmed from 200 to 400 acres of land with the help of a few slaves and servants. The remainder of the county's free population occupied the bottom layer of the social hierarchy and they consisted of an assorted group of landless laborers, free and indentured servants, artisans, small non-slave-owning tenant farmers, and marginal farmers scraping a living on less than 100 acres of poor quality land. By the standards of the eighteenth century, members of this group were all poor because they commanded only their own physical labor to earn a livelihood. They had few, if any, savings, they had amassed no capital, and they had no servants or slaves to work for them. As such, their situation was inherently precarious because, should they lose their ability to perform physical labor, they faced the prospect of starvation and destitution. Any major impairment of their ability to lift, pull, grasp tools, or carry heavy weights struck immediately at their means of securing a livelihood.[12] If a planter who had slaves became sick or was injured or suffered the disabilities of old age, the sowing, tending, and harvesting of the wheat or tobacco would not be interrupted. But for the tenant farmer or domestic servant who relied entirely on his or her own labor, a "crippled foot" or a "lame leg" could be calamitous. It was to this group that the local authority in Somerset extended poor relief.

The institution responsible for poor relief in Somerset was the county court, the principal unit of local government in colonial Maryland.[13] The court met regularly four times a year: in March, June, August, and November. Presiding at these quarterly sessions were the eighteen justices of the peace appointed by the governor because they were men of substantial wealth and social standing in the county. At these sessions, the Somerset justices ruled on a wide range of matters that

extended far beyond their positions as officers of a court of law. The court, that is to say, was not just a court of law. It was also an executive, legislative, and administrative agency with considerable power to affect the fortunes of the county's inhabitants. The court's extrajudicial responsibilities included regulating economic relations and activities, providing an array of public services, including poor relief, and determining each year the poll tax by which the county financed its expenditures.[11]

The court provided poor relief to those who were temporarily or permanently disabled by reason of sickness, injury, or the infirmities of old age and who, in addition, did not have other sources of support. Disabled or aged individuals who had kin, servants, or slaves to support them did not qualify for relief.[15] In addition, Maryland law stipulated that, when slaves became incapacitated, they were to be cared for by their masters; thus in Somerset, local government was relieved of the responsibility of providing for the majority of its poorest inhabitants.

Poor relief took a variety of forms: home relief, payment of medical expenses, and abatement of taxes, but the most common method of relief and the most costly to the county (it consumed each year on average 80 percent of poor relief expenditures) was boarding an individual in a private home. Of the 456 individuals who were supported as paupers between 1725 and 1759, 193, or 42 percent, were relieved in this way; 39 percent were relieved only of their taxes; and the remaining 19 percent were paid an annual allowance to support them in their own homes or were provided free medical care. Throughout the period, relief rolls were dominated by adult men and women.[16] The number of individuals relieved in any given year fluctuated between 16 and 40 individuals, never exceeding 1 percent of the free white adult population.

The rule of the court was that, to receive boarder relief—in fact relief of any kind—the individuals requesting it had to attend a session of the court. Once at the courthouse, they were required to present a written petition to the clerk of the court and then wait their turn to have it adjudged. Consideration of a petition would begin by the clerk of the court reading it aloud before the sitting justices and the assembled body of county residents. (In the scattered population of eighteenth-century Somerset, court days were the great public and communal occasions of the calendar year, and up to 300 or more individuals would converge on the courthouse, with many of them attending the session itself.)[17] Once read, the petition's content had to be orally acknowledged by the applicant, who was then interrogated by the court to determine whether or not the circumstance described merited the award of poor relief. "The petition being read and fully understood and mature deliberation thereupon," the phrase used in the court records, the court would then render a decision.[18] If favorable, the

justices would inquire of the householders in attendance if any one of them would take the petitioner into his home for an agreed on sum. Thus when Jane Olandman came to court and petitioned for and was granted boarder relief, the court minute book shows that "John Magraw a Somerset County planter present here in Court agrees with the Justices of the said Court to find and provide for Jane Olandman an object[19] sufficient lodging and diet per year on their promising to allow him 2400 pounds of tobacco."[20]

It was rare, however, for any one of the householders present to step forward. In most cases, therefore, it fell to the justices to make the arrangements necessitated by the court's grant of boarder relief, and the court would delegate this responsibility to one or two of the sitting justices. When John Barnes was granted boarder relief, no householder in court agreed to take him, so the court ordered that "Colonel George Dashielle and Captain Thomas Gillis," two of the sitting justices, "agree with some person for the keeping of the said Barnes and supply him with such necessaries as may be sufficient to support the said Barnes and he be allowed for at the next levy."[21] The court appointed Dashielle and Gillis because, of the justices present, these two would be least inconvenienced by having to make the arrangements for Barnes's care. Both lived in the same parish of the county as Barnes. To minimize the cost and inconvenience of transporting a pauper's effects, such as they were,[22] the court always sought to place a pauper in a household near the pauper's last residence. Dashielle and Gillis would be quite familiar with the residents of Barnes's parish and would know which of the householders within it could be prevailed on to take him in.

John Barnes gained entry into a household by the method prescribed by the court. However, as many as one in six of those whom the county supported as paupers in private homes were not placed there by court order but either placed themselves in a household or were taken to a household by a neighbor or friend, with the court ratifying the arrangement at a later date. This was a common practice throughout rural colonial America, where the institution responsible for poor relief was in session for only a few days a year.[23] In Somerset, the court met for 10–12 days in a given year over four sessions, with each session of only 2–3 days' duration. For a large part of the year, as a result, the court was unable to discharge its responsibilities in the area of poor relief. This created an acute predicament for those whose need for poor relief was pressing and urgent and who lacked kin or friends, or whose kin and neighbors were unwilling or unable to provide for them over what could be a 4-month period before the court reconvened.[24] Compounding this predicament was the fact the courthouse was located at a considerable distance from many locations in the county. Prior to 1742, it was 40 miles from many sections of the county

on the Chesapeake Bay and the Atlantic Ocean, and after 1742, when the courthouse was moved to Princess Anne, many residents in the county lived 20 miles from the courthouse. Even for those who could put off having their need for relief addressed by the court or who became helpless and destitute just before or during a session of the court, the distances they might have to travel to petition the justices, a 2-day ride if they had a horse and a 3-day walk if they did not, might prove to be an insurmountable obstacle.

Such predicaments were handled in a number of ways. For an individual whose need for relief was immediate, the court had an understanding with householders that, should they take in such an individual, they would be reimbursed for doing so if they notified the court of the circumstances at its next session. Thus when Henry Dorman came to the March court and recounted to the justices how "there came to his house last January a certain Ann Hambleton almost burnt to death and she stayed until the last of February and there dyed of her burn," he had a justifiable expectation that the court would reimburse him for the costs he had incurred in keeping and burying her.[25] Individuals who could delay coming to court but who were physically unable to make the journey, were permitted to communicate their petition by letter or to send someone to court on their behalf. For example, James Wilkin's petition for relief was delivered to the court by a neighbor because Wilkin was in "so deplorable a condition that he is not able to comply with the Rule of the Court to appear."[26] (Wilkin lived on Deal Island, 18 miles from the courthouse in Princess Anne.)

The majority of paupers gained admission to a household either by first petitioning the court or by their own initiative. However, in some cases, the county paid householders for maintaining an individual who, prior to becoming destitute, had been a self-supporting resident member of the household. These were lodgers who earned their keep and a wage by working for the household head as field laborers or as domestic servants. They might also be travelers to whom the householder had provided temporary accommodation. If these lodgers became incapacitated and unable to pay for their board and lodging, the householder was not legally obligated to provide for them. Householders would then request that the court either remove the lodger to another household or compensate them for present and future costs (the justice would usually elect to keep such lodgers in the household to avoid the trouble of placing them elsewhere). When Alex Tully, a field hand resident in the household of Tabitha Moor became sickly, Tabitha Moor told the court "that he was now lying in my home in a very weke and lowe condition and not able to help himself nor get out of his bed without help and has been so for this four months and has no effects to support himself or to satisfie me for my trouble."[27] The

court granted her an allowance. Calibra Webb had been working for 3 years in the household of John Scarborough as a free domestic servant, but when "she gott a fall downstairs and put her left shoulder out of place so that she is not able to put her clothes about," Scarborough repaired to the court and requested that the justices provide him with an allowance, for "she cannot do anything toward her relief she having nothing whereby to subsist."[28] William Porter recounted to the court how he had "lodgett and entertained one Isaac Williams for six weeks who about then had ye misfortune of breaking his leg." Because the surgeon who attended Williams pronounced it "unsafe that he should be removed these two months from your petitioner's house," Porter, who described his own circumstances as "very slender and low," asked for and received an allowance for keeping Williams.[29]

William Porter was not typical of householders whom the county paid for keeping the poor. He himself was poor. (Six years later, when he dislocated his wrist and was temporarily unable to work, the court abated his taxes for that year.) More typical was John Scarborough, a gentleman planter who owned over 1,000 acres in the county and whose household included nine slaves and at least three servants. Measured in terms of the size of their landholding and number of slaves owned, the householders who kept paupers were disproportionately wealthy. The median landholdings of householders who boarded paupers between 1724 and 1742 was 568 acres, whereas the county average in the same period was 232 acres. Householders who kept paupers had four times as many slaves as the average household in the county. Approximately two out of every three household heads who boarded a pauper owned one or more slaves. In contrast, in the county as a whole, only one out of every four householders owned a slave (see tables 1 and 2). The householders who kept paupers belonged to Somerset's middle and upper economic strata. The gentry in the county, in particular, were disproportionately represented among householders who boarded the poor. It is therefore not surprising to find that the justices, themselves members of this group, were sometimes paid by the county to board a pauper.

Why were paupers more likely to be found in the county's wealthier households?[30] At one level, one can explain it in terms of the ways in which they gained entry into a household. First, when an individual petitioned the court and was granted boarder relief, the justices, appointed to find a householder, would almost always approach a substantial planter in their parish rather than a person of lesser means. Second, individuals who were unable to petition the court because their need for relief was immediate, would, more often than not, go or be taken to the home of a wealthy householder. Finally, only in the larger households of the yeomen and gentry were there likely to be free servants and laborers who, when they lost their ability to labor, were maintained in the same household at county expense.

Table 1

Size of Landholdings of Households with a Boarded Pauper and All Households, Somerset County, Maryland, 1724–42

	% of Households with a Pauper (N = 104)	% of All Households (N = 1,618)
Size of landholding (in acres):*		
Landless households	1	24
1–199	24	35
200–399	34	24
400–599	18	8
600–4,999	23	9
Total	100	100
Mean size of landholding (in acres)	568	232

Sources.—Somerset County levy lists 1724–42, Loose court papers, tax lists 1724, 1730, 1733, 1739, Maryland Hall of Records.

* Data on landholdings were available only on a 1733 tax list supplied by the St. Mary's City Commission. Households that kept paupers between 1724 and 1742 were dentified on the 1733 tax list and compared to landholdings of all 1733 households.

This, of course, does not explain why both the justices and the destitute were more likely to approach a wealthier householder. Almost certainly it was the fact that the yeomen and gentry planters were better equipped to house a pauper. Because their houses were larger, they had the surplus space to accommodate a pauper. By virtue of having slaves and servants, they had the time to provide the needed care. Providing for a pauper was "time and trouble" and only the substantial planter had the resources to reduce this "time and trouble" to manageable proportions, or so it was thought. In contrast, the poorer residents of the county lived in tiny one- or two-room houses that measured on average 20 by 16 feet). In addition, all their energies

Table 2

Number of Slaves Owned by Households with a Boarded Pauper and All Households, Somerset County, Maryland, 1724–57

No. of Slaves	% of Households with a Pauper (N = 264)	% of All Households (N = 5,018)
0	35	74
1–5	49	25
6 or more	16	1
Total	100	100
Mean no. of slaves	2.95	.76

Sources.—Somerset County tax lists: 1724, 1730, 1748, 1757; Maryland Hall of

were consumed in making ends meet. With neither space nor time to spare, they were ill equipped to board a pauper.[31]

While the wealthier planters were certainly more able to undertake the responsibilities of providing for a pauper, the evidence suggests that they did so reluctantly. Complaints about the onerous burdens of keeping a pauper were frequent. What made it so onerous was the pauper's condition. If an individual needed to be kept in a household it was because he or she was not only destitute but also fully or partially incapacitated. The presence of a helpless, frequently sick individual in the household disrupted domestic routines and exacted a toll on household members, especially on the householder's wife, on whose shoulders the burden of care frequently fell.[32] Typical were the cases of Elizabeth Blackbird, Mary Taylor, Adria Davis, Margaret Taylor, and Mary Boyer, all paupers kept in private homes. During the 5 months that Elizabeth Blackbird stayed in Thomas Grey's home she was "in such a weeke and helpless condition that his wife was forced to dress and undress her and tend upon her in a manner of a child everyday with a great deal of trouble."[33] When Adria Davis, an aged widow, fell into a fire and burnt one of her hands "in a desparate manner," the justices arranged for her to be placed in Sam Turr's household. For 3 months Sam Turr's wife "was obliged to wait on her everyday twice most of which."[34] William Jones complained to the court of the "extraordinary trouble" that he and his household members were having with Mary Taylor. "She had grown considerably worse last year and has eight to ten fits a day," so that Jones was "obliged to keep one continually with her to keep her from stumbling into the fire. It is not long since she did fall into the fire."[35] During the 11 months that Margaret Taylor lived with Teague Matthews "the greater part of the time it took two people to lift her and for two months neither could move or turn in her bed without help."[36] After 9 months of maintaining Mary Boyer in his household, Jacob Waggaman asked that the court remove her to another household "that she may be no further burdensome." She was in a "miserable circumstance as to her health" and had become "unsupportably troublesome" to his family "who is entirely a stranger to what may be proper for her relief."[37]

Looking after a pauper was not only "unsupportably troublesome" t also exposed families and household members to the agonies of lying individuals and the often-gruesome spectacle of their diseased odies. Nathan Hopkins recounted how for some months before his leath the pauper in his house, William Kent, "was very noythsam by eason of his legg which was almost consumed away."[38] The members f Archibald Greer's household were compelled to witness the last ays of a female pauper whose "flesh was eaten from the bone in her ack so her bowels could be seen."[39] During the time John Fowler nd his family kept Mary Pierce she "was in a most deplorable condition ith sickness and lameness and loathsome to handle or to look at."[40]

In some cases sick paupers communicated their diseases to family members with fatal results. Jacob Gibson's family cared for the wife of Isaac Windsor who "took the flux and had that disorder for a month which was very troublesome . . . and brought the flux into his family by which he lost one of his children."[11] In other cases, a pauper's unruly behavior posed a physical danger to household members. William Smith described how Coulborn Taylor, a "madman" in his care, had "torn me two shirts of a jacket and two pairs of breaches all too pieces" and had perpetrated "sundry other damages" in his household.[12]

To the residents of Somerset, the experience of boarding a pauper was time consuming, trying, often unpleasant, and occasionally hazardous, and they sought to avoid it or, failing that, to limit its duration. During sessions of the court, householders rarely volunteered to take in a pauper. Justices charged by the court to find a resident of their parish willing to board a pauper did not always succeed in doing so and they had no choice but to place the pauper in their own household. (There appear to have been at least twelve such occurrences.) Householders, on occasion, broke the agreements they had made with the court and arranged for another householder to assume the burden they were unwilling to bear. Once householders had kept a pauper, they almost never elected to take in another.[13] Less than 10 percent of those who kept paupers at any time between 1725 and 1759 boarded more than one pauper. (Those few households that maintained two or more paupers were usually headed by physicians who boarded especially difficult cases.) The average length of stay of a pauper in a household was a year; in 49 percent of the cases it was 6 months or less, because householders would not agree to keep them any longer. The court was therefore frequently obliged to relocate paupers.

A direct consequence of householders' unwillingness to maintain paupers was that many were shunted from one household to another.[14] By the time relief was discontinued for an individual, usually because of the recipient's death, he or she had frequently been kept in three or more households. For a helpless, sick individual, relocation was almost certainly a severe hardship. It meant being severed from familiar surroundings and routines. The paupers most likely to be transferred were the most burdensome cases, those that needed the most care, and their removal by cart over uneven roads was injurious to their health and may have hastened their deaths.[15] Quite a number of paupers spent their last days on earth in alien surroundings. For example, a month before she died, Ann Boston, who was "deaf and dumb," was moved to the household of William Keeping.[16] This was the sixth household she had resided in as a pauper in the preceding 5 years. Over the 9½ months in which the county boarded the sickly daughter of Rachel Porter, she was in three separate households: 3 months in the care of Roger Taylor; 5 months with William Matthews; and she died only 6 weeks after she was moved to Alexander Maddox's home.

Sixteen days before his death, David Redmond, "a poor helpless troublesome object," was moved to the household of James Nicholson, the fourth householder who had kept him.[47] Thomas Williams, who was "stone blind and deaf and cannot hear a word," died 8 weeks after being moved from the home of Edgar Smith to Samuel Powell's household, and Adria Davis died only a month after being transferred to the home of Thomas Millbourne.[48]

Given their condition, there was little that paupers could do to resist these transfers. However, a few succeeded in overcoming householders' reluctance to keep them. In a petition read to the court, George Lancock described how, for the past year, he had maintained Jean Jones. Because of the difficulties she was causing his family, which included the fact that "she was of an inability to leave her bed to evacuate her natural excrements without help," he requested that the court "appoint her a place more suitable and relieve me of such trouble or allow 1400 or 1600 pounds of tobacco per year and under I cannot comply she having such an inclination to stay at my house otherwise I should not comply to these terms."[49] Jean Jones got her wish and was not relocated because the court agreed to pay Lancock the amount he had requested. They granted him 1,400 pounds of tobacco, a substantial increase over the 1,000 pounds of tobacco he had been paid the previous year.

Although Jean Jones's wishes were taken into account by George Lancock (and in this respect he was an exceptional householder), it is very doubtful that they played a role in the court's decision to offer him a higher rate of payment. In this case, as in so many others, the court was primarily concerned with maintaining the cooperation of householders on whom it depended so heavily to discharge its responsibilities to the dependent poor. The wishes and needs of boarded paupers were secondary, if considered at all. If they conflicted with those of a householder they were simply ignored. Thus, for the convenience of householders, the court arranged (or permitted householders themselves to arrange) for the transfer of sick, helpless, and dying paupers from one household to another. Thus, too, when the court learned that a pauper was being inadequately fed or clothed or otherwise neglected by a householder, the court did nothing beyond arranging for the pauper to be relocated. Householders were, in principle, accountable to the court for their treatment of a pauper. In cases of maltreatment, it had the authority to withhold or reduce the householder's allowance and to rebuke the offending householder in full court. But even though it had occasion to do so, it never elected to exercise this authority.[50]

It is in its differential treatment of householders who boarded the poor and recipients of home relief, or pensioners as they were called, that the court's biases are most clearly evident. Despite the fact that the needs of the county pensioners, many of whom were also inca-

pacitated, were not significantly different from the needs of the paupers who were boarded, householders who kept paupers received substantially greater allowances. Pensioners received, on average, 450 pounds of tobacco per year from the court, an amount that was barely sufficient to keep them alive, whereas householders who boarded the poor received an average allowance of 1,300 pounds of tobacco. (The latter amount covered only board and lodging: expenditures on clothes or medicines were billed separately.) The disparity between these two amounts was in large measure a result of the leverage that householders exercised in the system of boarder relief. Because the court could not compel householders to take in a pauper, it had to offer them a level of payment that would induce them to do so. If the court offered them a payment that they considered too low, they would simply refuse to agree to it. Householders expected and received a reasonable return for their services. But the court was under no such constraints when determining the amounts to be given to pensioners. It could and did provide them with a mere pittance. The average pension of 450 pounds of tobacco fell considerably short of the 700 pounds of tobacco needed by an adult in this period to procure a minimal supply of food and clothing.[51]

Many pensioners, as a consequence, were compelled to return to court to beseech the justices to make more adequate provision for them. James Bettsworth, for example, "who was between seventy and eighty and has been sick and to this day is afflicted with paines in his limbs," told the court that "he is not capable of helping himself he having a pension of 400 pounds of tobacco which is so small that it cannot relieve his common necessity." He "beged" the court to "enlarge his allowance otherwise he must utterly perish."[52] Frances Johnson, who had "lost the sight of both eyes" and was on a pension of 500 pounds of tobacco, pleaded with the justices to increase her allowance because the amount given to her "is so small that I cannot purchase a living."[53] The 500 pounds of tobacco provided Charles Calcot "will not keep him," his wife told the court, despite the fact that "she has taken all the care that she was able for her husband."[54] Another aged spouse, Susannah, the wife of John Hill, who was receiving a pension of 500 pounds of tobacco, would, in her husband's words, "indisputably perish," unless the court provided her with a "more reasonable allowance."[55] Lishua White, who was "so helpless and has lost the use of her hands and feet and cannot put on clothes with many bad sores [that others] fear to tend on her and has no bed to keep her warm," told the justices that the 400 pounds of tobacco given her the previous year "was so little" that she "deserves a greater relief."[56]

The stinginess of the court's treatment of pensioners is evident not only in the initial allowances provided them but also in its response to their requests for a larger stipend. If an increase was granted, it

would be at most for 100 pounds of tobacco, an amount that could not significantly improve their situation. But in several cases the court simply refused to take any action. Elinor Stevens, on a pension of 600 pounds of tobacco, unsuccessfully pleaded with the court to increase her allowance for each year between 1743 and 1750. Two of her petitions, those read at November 1747 and 1749 sessions of the court, are reproduced here.

> Whereas your petitioner hath received an allowance from your worships clemency of 600 pounds last year for which she returns her hearty thanks not withstanding her allowance was so small that she could barely subsist thereon and for as much as the fever and ague hath violently seiz'd your petitioner ever since the first of last March and still continues in a very raging manner which accompanied old age and other infirmities she being rendered so weake and helpless and almost blind which deprives her from doing anything at all thereby she may help to support herself as she heretofore hath done Most humbly entreats Your Worships clemency may be so farr extended towards her (in this her weake and low condition) as make some addition to her allowance.[57]
>
> Your petitioner is not forgetfull of Your Worships past favour and returns her most hearty thanks for the same. Your poor object is in a forlorne, destitute and languishing condition by grievous tormenting and almost continual pain in all her limbs Her sight is almost gone which hath rendered her incapable of any labor for her support and burthensom to others and having no other dependence that Your Worships clement goodness humbly prays Your Worships somewhat enlarge her former allowance or your poor object must unavoydably suffer for as much as it falls short of supporting her meer need [58]

For eight years the justices turned a deaf ear to the repeated pleas of a frail old woman. But whenever a householder requested an increase in compensation it was always favorably reviewed by the court and almost always yielded a substantial gain for the householder. The increase given to George Lancock is an example as is that allowed William Pointer. Pointer was boarding John Smith in 1723 and being compensated at the rate of 800 pounds of tobacco a year. In 1724, for the reasons described in his petition, he asked the court to increase his allowance: "The petitioner William Pointer humbly showeth that whereas the petitioner has an object of charity and has been allowed for keeping the same but he is now so bad that he cannot afford to keep him for ye sum allowed pray for a greater allowance or remove the object."[59] Given that it was unlikely that a householder could be found to keep John Smith at the rate of 800 hundred pounds of tobacco, the court took the line of least resistance and increased Pointer's allowance to 1,200 pounds of tobacco per year. The contrast between the court's indulgence of the wishes of William Pointer and its niggardly treatment of Elinor Stevens makes apparent the priorities that governed poor relief in eighteenth-century Somerset.

Conclusion

The boarding of the poor in colonial America has been the subject of recent studies that suggest that this practice is indicative of the colonists' generosity and solicitude toward the dependent poor and their easy acceptance of them. It is claimed that they gave up this practice and placed their dependent poor in institutions only when their communities were subjected to the dissolving forces of a market economy. The records of Somerset County point to quite a different interpretation of the boarding of the poor.

Since the amounts granted by local officials for boarder relief consisted of compensation to householders for their services and not direct payment to paupers, they cannot be taken as suggestive of the quality of care provided to the dependent poor. Therefore, the view advanced by several historians, that the substantial payments made by local officials to householders is evidence of the colonists' generosity to the poor, is seriously mistaken. These payments are merely indicative of the amounts needed to goad reluctant householders into participating in boarder relief. No historian to date has understood the leverage exercised by householders in boarder relief. Interposed between the recipients of relief and the local officials were the propertied householders who kept the poor. Because boarder relief could not function without these intermediaries, local officials were obliged to provide them substantial compensation.

The Somerset records make it clear that it was not generosity and solicitude but at best indifference that, in the main, characterized the colonists' attitudes toward their dependent poor. Rothman and Bernhard misread these attitudes because they fail to examine home relief. In home relief there were no intermediaries, allowances were given directly to paupers, hence one is much better able to discern what it was thought a pauper deserved (as opposed to what was considered appropriate to compensate a householder for keeping a pauper). Evidently in Somerset, the court did not think that paupers receiving home relief were worthy of much. Payments to them were grudgingly made and allowances were so small that they must have resulted in semistarvation. (This was probably typical of how pensioners were treated throughout the colonies.)[60]

The Somerset records also make it apparent that county residents would have had few if any misgivings about committing their poor to a poorhouse in lieu of boarding them. Householders were unwilling to take in the poor, and when they did, they complained publicly, and often bitterly, about the burdens of keeping them. As a consequence of householders' unwillingness to keep the poor, helpless and dying paupers were shunted about the county with scant regard for their welfare. In short, the institutionalization of the poor, at least in Somerset, would have required no great social transformation.

Why, then, were the dependent poor boarded in Somerset and in the small towns and rural communities of colonial America? The poor were boarded in these localities because the number of helpless, destitute individuals needing relief was small, and it was simply more cost effective to board these few than to institutionalize them. In the case of every colonial community that is known to have boarded its poor, the number of individuals boarded was miniscule, averaging about two persons per year in a small town and three individuals each year in a rural parish.[61] (In Somerset, a county which embraced four parishes, the annual average number boarded was 17, or approximately four individuals in each parish in each of the years between 1724 and 1759.) This striking, albeit little remarked on, fact about this method of relief points to the economic considerations that underlay it, and it was these same considerations that caused colonial communities to promptly abandon boarding whenever and wherever their number increased even modestly.[62] Because of the high per person cost of boarding, increases as small as five or ten individuals could have a noticeable impact on tax rates, alarming taxpayers and triggering a move by local officials to institutionalize their dependent poor.[63] However in many localities such as Somerset, where the majority of the resident poor were enslaved and thus not eligible for relief, no such increases occurred, and the practice of boarding a handful of relief recipients continued until the close of the colonial period.

Notes

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1. Somerset County loose court papers (SLP), 7266-20-4, Maryland Hall of Records (MHR).

2. Somerset County judicial record, March 1739, p. 229, MHR.

3. That boarding was not only a common, but in many localities the most frequently used, method of relieving the destitute is evident from the surviving colonial records of South Carolina, North Carolina, Virginia, Pennsylvania, and Massachusetts. See Alan D. Watson, "Public Poor Relief in Colonial North Carolina," *North Carolina Historical Review* 54 (October 1977): 347–66; C. A. Chamberlayne, ed., *Vestry Book of St. Paul's Parish, Hanover County, Virginia, 1706–1786* (Richmond, Va., 1940); Sheila Culbert, "Sturdy Beggars and the Worthy Poor: Poverty in Massachusetts, 1750–1820" (Ph.D. diss., Indiana University, 1988), p. 199; Stephanie Wolf, *Urban Village: Population, Community, and Family Structure in Germantown, Pennsylvania, 1688–1800* (Princeton, N.J.: Princeton University Press, 1976), p. 189; George C. Rogers, *The History of Georgetown County, South Carolina* (Columbia: University of South Carolina Press, 1970), p. 189.

4. David Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown, 1971), p. 35.

5. Ibid., p. 37.

6. Virginia Bernhard, "Poverty and Social Order in Seventeenth-Century Virginia," *Virginia Magazine of History and Biography* 85 (April 1977): 148.

7 Ibid., pp. 149–51 Bernhard's assessment of the practice of boarding the poor is a distant echo of that given by Robert Beverly: "The unhappy creature is received into some charitable planter's home where he is at the public charge boarded plentifully" (Robert Beverly, *The History and Present State of Virginia* [1705], p. 105) The view that the colonists were generous toward their dependent poor now dominates discussions of colonial relief practices and is promulgated in a number of widely read textbooks. See, e.g., Walter I. Trattner, *From Poor Law to Social Welfare in America* (New York: Free Press, 1974), p. 26. For a very recent reiteration of this view, see Bruce S. Jansson, *The Reluctant Welfare State: A History of American Social Welfare Policies* (Belmont, Calif.: Wadsworth, 1988), p. 35.

8 Robert Cray, "Poverty and Poor Relief: New York City and Its Rural Environs, 1700–1830" (Ph.D. diss., State University of New York at Stony Brook, 1984), p. 35.

9 Charles F. Lee, "Public Poor Relief and the Massachusetts Community, 1620–1715," *New England Quarterly* 55 (December 1982): 584. For an interpretation similar to Lee's and Cray's, see Gary Nash, *The Urban Crucible: Social Change, Political Consciousness, and the Origins of the American Revolution* (Cambridge, Mass.: Harvard University Press, 1979), p. 303.

10 Until 3 years ago, the court's loose papers were in their original bundles and were too fragile to handle.

11 For an account of the economy and social structure of Maryland, see John J. McCusker and Russel R. Menard, *The Economy of British America, 1607–1789* (Chapel Hill: University of North Carolina Press, 1985), Paul Clemens, *The Atlantic Economy and Colonial Maryland's Eastern Shore: From Tobacco to Grain* (Ithaca, N.Y.: Cornell University Press, 1980), Carville V. Earle, *The Evolution of a Tidewater Settlement: All Hallow's Parish, Maryland, 1650–1788* (Chicago: University of Chicago Press, 1975).

12 The relation between illness, physical disability, and poverty in the colonial period is briefly explored in Darrett B. Rutman and Anita H. Rutman, "Of Agues and Fevers: Malaria in the early Chesapeake," *William and Mary Quarterly*, 3d ser., 33 (1976): 31–60, and in Billy Smith, "Struggles of the Lower Sort: The Lives of Philadelphia's Laboring People, 1750–1800" (Ph.D. diss., University of California, Los Angeles, 1981), pp. 264–71.

13 In rural localities to the north and south of colonial Maryland it was the parish vestry or township, not the county courts, that dispensed poor relief. In Maryland, parishes were late in forming, and by the time they were established, the county courts had assumed many of their responsibilities, including those relating to poor relief. See Gerald E. Hartdagen, "The Anglican Vestry in Colonial Maryland: Organizational Structure and Problems," *Historical Magazine of the Protestant Episcopal Church* 48 (December 1969): 351–53.

14 For the most authoritative account of local government in colonial Maryland, see Lois Green Carr, *County Government in Maryland, 1689–1709* (New York: Garland, 1987), and her "The Foundations of Social Order: Local Government in Maryland," in *Town and County: Essays in the Structure of Local Government in the American Colonies*, ed. Bruce C. Daniels (Middletown, Conn.: Wesleyan University Press, 1978), pp. 73–109.

15 Kin not in the direct line were not required to support their relatives, even if they had the means to do so. A case in point is Anne Boston, who had been residing in the household of her brother, Isaac Boston, a Somerset yeoman planter who owned several slaves. Subsequently she was removed to another household and supported there by the county because her brother persuaded the court that he was "not compelled by law" to keep her (SLP, 7266-32-7, MHR). Conversely, the court supported individuals who had kin in the direct line living in the county, but only on the condition that these kin were themselves on the brink of destitution. Isaac Boston's reference to "the law" is misleading since with the exception of a law passed in 1692 exempting paupers from having to pay the annual poll tax, no colonywide poor laws were passed in Maryland in the entire colonial period. The stimulus for the involvement of central governments and the enactment of poor laws in the other colonies was a concern to protect their communities from being charged with supporting the transient poor. In Maryland, the transient poor were never so numerous as to require colonywide action to exclude them. In the absence of statutory regulation and constraint, county courts in Maryland relied

on their interpretation of the customary practices inherited from England to develop a system of poor relief The discretion enjoyed by the courts produced some county-by-county variations in methods of poor relief For example, in Charles County, Maryland, paupers who were boarded or received medical care were required to recompense taxpayers with a term of service No such requirement existed in Somerset See Lorena S Walsh, "Staying Put or Getting Out Findings for Charles County, Maryland, 1650–1720," *William and Mary Quarterly* 44 (January 1987) 100

16 Of the 193 individuals boarded, 177 were adult men and women and the remainder were orphans The majority of these adults were lone men and women—individuals who had outlived their kin, unmarried servants, or laborers

17 See A G Roeber, "Authority, Law and Custom The Ritual of Court Day in Tidewater Virginia, 1720 to 1750," *William and Mary Quarterly* 37 (October 1980) 29–52

18 The time that elapsed between the reading of the petition and the court's decision was probably less than 10 minutes Notwithstanding the brevity of this procedure, it was certainly a forbidding one for many petitioners because it required them to make their case for relief in a face-to-face encounter with the county rulers, magisterially and ceremoniously arrayed before them, in a setting that could not be more formal and public In this respect, colonial Maryland was not exceptional The parish vestries, which dispensed poor relief in the rural localities of the other colonies, also required applicants for relief to petition them Vestry meetings were formal and public occasions, and presiding over them were the local gentry, many of whom were themselves justices of the peace See Borden Painter, "The Anglican Vestry in Colonial America" (Ph D diss, Yale University, 1965) Rothman's view, shared by several historians, that the colonists dispensed relief "straightforwardly without elaborate procedures [or] severe discomfort" (Rothman, n 4 above, p 31), seems wildly off the mark For the applicant, the procedure was very complex indeed, both emotionally and symbolically, and no doubt many of the poor found it to be a degrading one Kulikoff and Walsh have suggested that many of those who were eligible for and needed poor relief, not wishing to be humiliated by having to approach the local authority, either delayed applying or simply did not apply See Allan Kulikoff, *Tobacco and Slaves The Development of Southern Cultures in the Chesapeake, 1680–1800* (Chapel Hill and London University of North Carolina Press, 1986), p 298, and Walsh (n 15 above), p 100

19 In the court records paupers were referred to as "objects," a shorthand reference to "objects of charity"

20 Somerset County Court Minute Book, November 1742, MHR In Maryland as in the other tobacco-growing colonies, the unit of currency was a pound of tobacco (Tobacco did not circulate What circulated were tobacco notes that could be redeemed for tobacco) Individuals paid their county taxes in amounts of tobacco, and the court met its financial obligations with tobacco But tobacco was not available until late fall when the tobacco crop was finally ready to be sold, so it was not until mid-November that county residents would have the cash on hand to pay their taxes It was therefore only after taxes had been collected at the end of November that the court could make its payments including those for poor relief Therefore, the justices would request that those who agreed to board a pauper submit their accounts at the November court For individuals who were granted home relief at a session other than the November one, merchants and others would extend credit on the basis of the court's commitment to pay them in November For the use of tobacco as money in colonial Maryland, see Clarence P Gould, *Money and Transportation in Maryland, 1720–1765* (Baltimore Johns Hopkins University Press, 1915)

21 Somerset County Court Minute book, June 1732, MHR

22 Some paupers did have a few possessions which they took with them into the households in which they were placed (If a pauper died while being boarded, the householder was required to make an inventory of these possessions, as they became the property of the county) When Adria Davis died in the household of Thomas Milbourne, he reported to the court that she had "left a small matter behind viz a small old bed and cheste, a linsey petticoat and gown " On the death of the pauper, Terance Gillespie, in her household, Elizabeth Waters wrote a letter to one of the justices "That there is a few raggs of clothes that did belong to Terance which he gave away in his life to a Negro but they are of but a very trifling nature if you or the Court would think

it proper to call for them then you may have them" (LCP, 7266-22-28, MHR) John Wail, "a teacher of small children," died in the household of William Arbut, leaving behind "a parcel of old books" (Somerset County Judicial Record, June 1743, MHR)

23 See Watson (n 3 above), p 349, Gray (n 8 above), p 96, and Carr, *County Government* (n 14 above), p 360

24 A case in point was the widow of Isaac Windsor who, when she became deathly ill, was taken in by a householder because "her husband's friends had entirely left her and would not give her any assistance" (SLP 7266-51-15, MHR)

25 SLP, 7266-32-6, MHR

26 Somerset County Judicial Record, June 1749, p 282, MHR

27 SLP, 7266-1-22, MHR

28 SLP, 7266-16-33, MHR

29 Ibid

30 The fact that these householders were disproportionately wealthy appears to have been true of their counterparts in localities other than Maryland For colonial New York, see Gray (n 8 above), p 101, for colonial North Carolina, see Watson (n 1 above), p 353, for colonial Virginia, see Rothman (n 4 above), p 33 In the late sixteenth century in England where boarding paupers was common in the southwest counties, they were invariably placed in the homes of the rich See E M Leonard, *The Early History of English Poor Relief* (New York Barnes & Noble, 1965), p 214 The practice of boarding was discontinued in England as relief rolls began to swell in the seventeenth century

31 For house sizes and living conditions in colonial Maryland, see Gloria Main, *Tobacco Colony Life in Early Maryland, 1650–1720* (Princeton, N J Princeton University Press 1982) and Lorena S Walsh, "Charles County, Maryland, 1659-1705 A Study of Chesapeake Social and Political Structure" (Ph D diss , Michigan State University, 1977), pp 248–49

32 Their dire condition is indicated by the fact that 63 percent of those boarded died while in that situation, and the majority died within 3 years

33 SLP, 7266-6-20, MHR

34 SLP, 7266-7-11, MHR

35 SLP, 7266-21-23, MHR

36 SLP, 7266-35-6, MHR

37 SLP 7266-38-4, MHR

38 SLP, 7266-3-18, MHR

39 SLP, 7266-14-43, MHR

40 SLP, 7266-27-14, MHR

41 SLP, 7266-51-15, MHR

42 SLP 7266-36-2, MHR In an attempt to curb Taylor's propensity to destroy his clothes, Smith had "two jackets of exceedingly strong linen" made for him and "had them made with very strong twine " In response to Smith's complaint, the court ordered that Taylor be removed from his household and that a "secure place" be built for him where he presumably languished for the remainder of his days

43 It was rare in any colony for householders to take in more than one pauper See Rothman (n 4 above), p 33, Gray (n 8 above), p 96, Watson (n 3 above), p 353

44 This phenomenon was not confined to Somerset In colonial New York, according to Gray, "Paupers could be exchanged with disturbing frequency among different guardians almost every year" (n 3 above, p 353) In the parishes of North Carolina, some paupers, according to Watson, "were shunted from one home to another with alarming frequency" (n 3 above), p 353

45 The paupers most likely to be moved about in colonial Massachusetts, according to Culbert, were "the most troublesome cases" (Sheila Culbert, n. 3 above), p 119

46 SLP, 7266-37-7, MHR.

47 SLP, 7266-31-23, MHR

48 SLP, 7266-6-1, MHR

49 SLP, 7266-21-13, MHR

50 A case in point is that of Mary Taylor who was being boarded in the home of Charles Ramsey Ramsey had agreed to keep Mary Taylor from November 1732 until November 1733, but sometime in early September her husband took her out of Ramsey's household and he and a neighbor cared for her The reasons he gave to the court for

removing his wife were that she was "suffering from diet" and was "barely clothed," and that Ramsey was neglecting to treat a "loathsome impostume under her Jaw." The court took no heed of this complaint and, despite the fact that he had kept her only 10 months, in November 1733 paid Ramsey 1,200 pounds of tobacco, the amount they had agreed on the previous November (SLP 7266-14-44, SLP 7266-14-45, MHR).

51. See Billy G. Smith (n. 12 above), pp. 264–71; Richard Cummings, *The American and His Food: A History of Food Habits in the United States* (Chicago: Ayer, 1970); David Klingaman, "Food Surpluses and Deficits in the American Colonies, 1768–1772," *Journal of Economic History* 31 (1971): 559–60; and Stephen Wiberley, "Four Cities: Public Poor Relief in Urban America, 1700–1775" (Ph.D. diss., Yale University, 1975), pp. 148–56.

52. SLP, 7266-30-3, MHR.

53. SLP, 7266-44-2, MHR.

54. SLP, 7266-61-1, MHR.

55. SLP, 7266-38-5, MHR.

56. SLP, 7266-38-9, MHR.

57. SLP, 7266-40-9, MHR.

58. SLP, 7266-50-3, MHR.

59. SLP, 7266-1-10, MHR.

60. Wiberly, one of the few historians who has examined pensioner's allowances in detail, concludes that pensioners in colonial Boston and Philadelphia did not receive adequate relief even for food. Only in Charles Town, South Carolina were pensioners able to purchase a subsistence diet, but these pensions made no allowance for clothes, which were very costly in the colonial period. In eighteenth-century Somerset, shoes alone cost 50 pounds of tobacco (see Wiberley, pp. 157–58). Evidence of the meagerness of pensioners' allowances in rural colonial America can be found in Amanda Jones, "The Care of the Poor in Albemarle Parish, Surry and Sussex Counties, Virginia, 1742–1787" (M.A. thesis, College of William and Mary, 1976), p. 38, and in C. G. Chamberlayne, ed., *The Vestry Book of Blisland Parish, New Kent and James City Counties, Virginia, 1681–1786* (Richmond, Va., 1937).

61. These averages were calculated from information given in Culbert (n. 3 above), pp. 16–17; Lee (n. 9 above); Chamberlayne (n. 3 above); Gray (n. 8 above), p. 95; and Watson (n. 3 above), pp. 349–51.

62. For example, in Middlesex County, Virginia, which boarded its poor, the number of individuals boarded in 1705 was seven. By 1712 it had increased to 14. The increase was sufficient to cause local officials to petition the Virginia legislature "That better methods be taken to provide for poor and impotent persons." See Darrett B. and Anita H. Rutman, *A Place in Time: Middlesex County, Virginia, 1650–1750* (New York: Norton, 1984), p. 200. In Hempstead, N.Y., an increase in the average annual number of paupers from 10 to 20 individuals between 1762–66 and 1767–71 caused the town, in 1772, to discontinue the practice of boarding and to commit its poor to a poorhouse. Faced with modest but costly increases in the number boarded, some rural communities built and operated a poorhouse, only to abandon it and revert to boarding their poor once relief rolls declined to their earlier levels. See Howard Mackey, "Social Welfare in Colonial Virginia," *Historical Magazine of the Protestant Episcopal Church* 36 (1967): 361.

63. In colonial Maryland, relief revenues were raised by a poll tax which distributed its cost at a low per capita rate. In eighteenth-century England and in some of the colonies to the north of Maryland, relief was financed by a tax on land, thus pitting landowning taxpayers against the recipients of poor relief. The relation between the method of financing relief and attitudes toward poor relief warrants further exploration. A conceptually suggestive approach to this topic is given in James Q. Wilson, "The Politics of Regulation," in *The Politics of Regulation*, ed. James Q. Wilson (New York: Basic, 1980), pp. 357–94.

Homeless Men and the Work Ethic

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This article discusses policy development and service delivery issues for homeless men. Data from a statewide study of 793 homeless men are analyzed to identify disability and dependency levels. Three groups are defined: about a quarter are severely disabled, a third need a moderate range of services, and the remainder are displaced from the work force but capable of independence. Clearly, homeless men are not a single population; different levels of intervention are suggested.

Introduction

The presence of working-age homeless men presents a serious problem in a society organized around the work ethic and individualism. To provide benefits to these men, it is argued, is to encourage their nonparticipation in the labor market, reduce their motivation, and possibly increase their dependency on the working members of society. Yet these individuals still have needs related to their survival and sustenance. Thus, a basic value conflict exists that limits our ability to understand and to act effectively in response to the problem of men who cannot or do not work to support themselves.[1]

The provision of services to homeless men in the United States has traditionally been left to religious and charitable endeavors. Programs involving cash and in-kind benefits in the public sector have served the needs of women and children, the elderly, and the handicapped. Able-bodied males, who neither fit these categories nor meet the demands of the job market, are left with very few sources of support

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The stigma of public dependency persists for males. Such dependency is clearly at odds with the work ethic that is at the foundation of policy making in relation to the problem of homelessness. Because homelessness carries with it the label of adult male dependency, solutions, or the lack thereof, are linked to a value structure that continues to focus on the personal deficits of homeless men and the perceived threat that these nonproductive single males pose for the larger society.

This article is concerned with the task of policy development and service delivery for homeless men. Findings are based on a statewide study in Ohio of 979 homeless persons (793 men) completed in 1985.[2] The intent is to focus on homelessness among males, the largest and most visible subgroup within the homeless population.[3]

Statement of the Problem

Since the beginning the 1980s, the public has been exposed to increasing numbers of single individuals, largely male, living on the streets and in public places.[4] High visibility has resulted in growing public recognition of their social condition and desperate plight as the poorest of the poor. Although visibly present on the streets, individual homeless men are, ironically, unrecognizable. This phenomenon is described by Michael Harrington in *The New American Poverty*: "In conservative periods we become honestly, sincerely myopic. we literally cannot see the poor."[5] These individuals are a reminder that there are holes in the social safety net with respect to housing, health care, and economic well-being.

As with most emerging or rapidly changing social problems, there is not an accepted definition of the problem, and solutions are elusive. Systematic intervention strategies designed to address long-term dependency continue to founder. Policymakers at all levels of government seem unable to make choices that move beyond short-term emergency relief. A major issue remains unresolved. Where is the locus of responsibility, in the victim or in the social system?

Barriers to action rest on fundamental value assumptions about individualism and on the belief that the provision of welfare benefits leads to the perpetuation of dependency. Alexis de Tocqueville in his 1835 "Memoir on Pauperism," defined the problem: "Any measure that establishes legal charity on a permanent basis and gives it an administrative form thereby creates an idle and lazy class, living at the expense of the industrial and working class."[6]

This 150-year-old definition of the problem is still alive in the current debate on policy development for homeless persons. Traditional values of individualism and the work ethic are deeply rooted and serve to block efforts to answer such basic questions as, Who should be helped?

What kind of aid/benefit should be provided? What outcomes can be achieved?

This article will examine policy questions with respect to homeless males. Utilizing a sample large enough to represent the various types of homeless conditions, levels of disability are identified, and differential implications for policy making are presented.

Methodology

Using a combination of random and purposive sampling methods, 979 interviews were conducted in 19 Ohio counties, including 5 major urban counties and 14 predominantly rural counties with small cities. Sampling methods varied by urban and rural location. After a random selection of rural counties, all persons identified as homeless by key informants in the county during the project data collection period were interviewed. Following the purposive selection of five urban counties, all possible sites where homeless people could be found were identified, with the assistance of key informants, and subjects were randomly selected within sites. A maximum of five homeless persons were interviewed in any one location.

The definition of homelessness guiding the study included people living on the streets with no shelter, those living in cars and in abandoned buildings, those staying in shelters, missions, or drop-ins, those staying for short periods in single room occupancy (SRO) hotels, and those moving between family and friends. An individual was deemed to be homeless if he had been living in a particular location less than 45 days. This cap was used to make the distinction between people who move in and out of hotels or family and friends' homes and those who intend to stay in a particular location on a more permanent basis.

A total of 979 individuals (793 men and 86 women) were interviewed face-to-face from March to August 1984. Interviewers were selected who could engage and develop rapport with subjects. The instrument included items on the conditions of homelessness, needs, demographic characteristics, health problems, and mental status as measured by 10 scales from the Psychiatric Status Schedule (PSS).[7] The length of interviews averaged about 1 hour. Contact logs maintained by interviewers revealed about a 10 percent refusal rate. Analysis of demographic characteristics indicates refusers did not differ substantially from individuals included in the study.

Categorizing Needs Groups

Findings were analyzed to identify factors associated with dependency and to examine the levels of disability which limit self-support. A

psychiatric severity index was created using standardized cutoffs from four of the PSS scales; a behavioral disturbance index was created in the same fashion using five of the PSS scales. Using scores on these scales, history of prior hospitalizations, and evidence of alcohol abuse, categories of disability were formed. This categorization is suggested as a description not only of the level of functional impairment but also the potential to benefit from various programs and services. Three subgroups, as shown in table 1, were formed: (1) long-term needs group; (2) moderate needs group; and (3) short-term needs group.

Diversity in the homeless population has been well established in prior work.[8] The causes of differences in service needs and the ability of the homeless to respond to services are less clear. Therefore, education/employment history, health/disability status, and social/family supports were analyzed to establish each group's relative psychosocial resources and needs. This description cannot be interpreted to provide causal linkages between disability conditions and demographic or resource variables. The relationships between demographic characteristics, social supports, and mental health status of homeless persons are not yet clearly understood. Nevertheless, categorizing by need group may enable the design of specialized and more effective interventions for homeless men.

Characteristics of Homeless Men

The homeless men interviewed in this study have a median age of 35 and have been homeless for an average of 90 days. Sixty-five percent are white, 31 percent are black, and 5 percent are of Hispanic or other racial origin. More than one-half (53%) did not finish high school, and 65 percent state that they have been in jail or prison. Only 8 percent were married or living with someone at the time they were interviewed. Thirty-nine percent are veterans and approximately 10 percent served in the Vietnam War (see table 2).

While the vast majority of homeless people are living in urban areas, this study included rural homeless: 16 percent of the men in the sample were living in rural areas. Contrary to the popular image, the majority of homeless men do not tend to be either mobile (moving within the city) or transient (moving between cities and states). Almost two-thirds of the homeless men were either born in the counties in which they were interviewed or had lived there longer than a year (see table 3).

Men were homeless for a variety of reasons, but economic and family problems emerge as central themes. Half of the respondents cited economic factors such an unemployment, problems paying rent, eviction, or termination of benefits as the primary reasons for their loss of a

Table 1

CLASSIFICATION OF NEEDS GROUPS

Group	Need Category	Level of Psychological Impairment	Level of Natural Social Supports	Potential Independence Status	Intervention Strategy
1	Long-term needs	Severe	Poor	Dependent	Stabilization and long-term care
2	Moderate needs	Mild	Poor	Semi-independent	Extended economic support and intensive rehabilitation
3	Short-term needs	Low	Fair	Independent	Immediate economic assistance and vocational support

Table 2

DEMOGRAPHIC CHARACTERISTICS OF HOMELESS MEN BY NEEDS GROUP

VARIABLES	TOTAL SAMPLE (N = 793 [100%])	GROUPS (1) Long-Term (n = 188 [23.7%])	(2) Moderate (n = 263 [33.2%])	(3) Short-Term (n = 342 [43.1%])
Median age (in years)	35	39.0	34.0	36.0
Race				
White	64.9	69.6	55.1	69.7
Black	30.5	26.6	37.6	26.3
Other	4.5	4.3	5.3	4.1
Education				
Less than high school	53.0	50.5	54.9	52.6
High school graduate	31.5	27.7	33.5	31.6
Some college	15.5	19.2	12.3	15.8
Marital status:				
Married, living together	8.3	3.7	8.4	10.8
Separated/widow/divorced	44.6	50.0	40.3	45.1
Never married	46.7	45.7	49.8	44.2
Jail or prison	65.1	75.5	61.2	62.3
Veteran status	38.5	42.6	33.1	40.1
Vietnam service	10.3	9.6	12.2	9.4

NOTE.—All numbers except age indicate percentages.

Table 3

Characteristics of Homeless Conditions by Needs Group

Variables	Total Sample (N = 793 [100%])	Groups: (1) Long-Term (n = 188 [23 7%])	(2) Moderate (n = 263 [33 2%])	(3) Short-Term (n = 342 [43 1%])
Mobility				
Permanent resident	41 2	43 1	47 2	33 3
Longer than 1 year	22 3	24 5	21 3	21 9
Less than 1 year	36 4	31 9	29 3	44 5
Median no of places stayed last month	2	2	2	2
Reason for homelessness				
Economic	49 7	44 7	49 8	52 3
Alcohol/drug abuse	8 7	21 3	6 5	3 5
Family conflicts	17 6	16 0	17 1	18 7
Homeless type				
Street	15 6	18 6	17 5	12 6
Shelter	58 8	60 6	53 2	62 0
Resource	21 8	15 9	25 5	22 2
Type of county				
Urban	83 9	92 0	83 7	79 5
Rural	16 1	8 0	16 4	20 0

Note —All numbers except places stayed last month indicate percentages

permanent home. Family conflict or dissolution was the cause of homelessness for 18 percent.

Group 1: Long-Term Needs Group

Group 1 homeless men are defined as those who are the most severely disabled. This group includes men who had scores indicating serious mental illness on three or four of the four scales used in the psychiatric severity index or scored high on four or five of the five scales used in the behavioral disturbances index. Also included are those who had been hospitalized for mental illness five or more times and those who reported they had been treated for alcohol abuse and were currently drinking "a lot." This group included 188 men, 23.7 percent of the total number of men interviewed. These men have serious personal limitations and also lack the resources to establish an independent life-style to meet their basic needs for food, clothing, and shelter.

Comparison with other groups reveals that group 1 comprises more older men, more veterans, more whites, and men more likely to have been in jail or prison (see table 2). They are more frequently found living "on the street" and more often in contact with religious missions or other services offered on a drop-in basis. These men have many serious problems: 11 percent have serious psychiatric disabilities and another third have mild impairments; serious or mild behavioral disturbances afflict 56 percent; and 61 percent are using alcohol excessively. Forty-eight percent of the men in this group have been hospitalized for mental illness with a mean number of hospitalizations of 6.5 (see table 4).

Table 5 displays limitations in employment and education, which indicate a negative prognosis for return to total independence. A series of questions revealed that about a fifth of this group reports they are too disabled to work, 17 percent left their last job for poor health or alcohol abuse, and 27 percent are currently receiving disability or other pensions. Limited support from family and friends (see table 6) combined with the high incidence of mental or behavioral disorders and substance abuse have resulted in a very isolated life-style. The prospects for individuals in this group returning to total independence are very limited. Many will need consistent, long-term support at a level that assures that basic needs for food, shelter, and related social supports are provided.

Group 2: Moderate Needs Group

Group 2 homeless men are moderately disabled but can be viewed as having the potential for maintaining a semi-independent life-style. They have a higher level of personal and social resources than group

Table 4

SEVERITY OF HEALTH-RELATED PROBLEMS

PROBLEMS	TOTAL SAMPLE (N = 793 [100%])	GROUPS (1) Long-Term (n = 188 [23.7%])	(2) Moderate (n = 263 [33.2%])	(3) Short-Term (n = 342 [43.1%])
Medical problems	28.6	31.1	32.3	24.3
Serious psychiatric impairment	3.4	14.4	0	0
Mild psychiatric impairment	26.3	36.2	53.6	0
Serious behavioral disturbance	7.4	31.4	0	0
Mild behavioral disturbance	26.6	25.0	61.4	0
Alcohol	12.0	61.2	13.7	7.3
Hospitalized/mental health	29.9	47.9	31.9	18.4

NOTE.—All numbers indicate percentages

Table 5

INDICATIONS OF ECONOMIC DEPENDENCY

VARIABLES	TOTAL SAMPLE (N = 793 [100%])	GROUPS (1) Long-Term (n = 188 [23 7%])	(2) Moderate (n = 263 [33 2%])	(3) Short-Term (n = 342 [43 1%])
Reason for not working				
Disabled	14 3	20 2	13 3	11 7
Why last job ended				
Fired	10 5	10 6	13 3	8 2
Poor health (physical/mental/alcohol abuse)	11 1	17 0	7 2	10 8
Quit	9 0	9 5	9 1	8 5
Never had a job	11 9	11 6	12 2	3 8
Receiving pension (Veterans' Administration/disability/age)	14 6	26 6	10 7	11 1

NOTE —All numbers indicate percentages

Table 6

LIMITATIONS IN SOCIAL SUPPORT INHIBITING INDEPENDENCE

SOURCES	TOTAL SAMPLE (N = 793 [100%])	GROUPS (1) Long-Term (n = 188 [23 7%])	(2) Moderate (n = 263 [33 2%])	(3) Short-Term (n = 342 [42 1%])
No relatives to count on	62 8	67 0	69 2	55 6
No friends to count on	59 6	64 3	65 0	52 9

NOTE —All numbers indicate percentages

1. The criteria for inclusion in this group were men who had scores indicating serious impairment on one or two of the PSS psychiatric severity scales or two or three of the behavioral disturbance scales or were hospitalized for mental illness two to four times. These criteria defined a group of 263 men, 33 percent of the sample. These men are not seen as seriously disabled, but rather in need of income plus intensive training and rehabilitation services to help them return to a more independent and comfortable existence. Members of this group have more moderate disabilities and a stronger personal potential for independent maintenance. The men of group 2 are younger than those of group 1, there are a greater percentage of blacks, more Vietnam veterans, and more men who have never married. Men in this group frequently find shelter in SROs and with friends and relatives.

Fifty-four percent of the men in group 2 were found to have mild psychiatric impairment as measured by the psychiatric severity index, but, by definition, none with severe and protracted mental illness are in this group. Many (61%) have mild behavioral disturbances. About a third of the men in this category have been hospitalized for mental illness but only 14 percent indicate they have been drinking "a lot." Only 13 percent of this group report they are not working because they are disabled, 7 percent left their last job due to health or alcohol abuse reasons, and only 11 percent are on disability payments or pensions. In comparison with the other categories, more of these men were fired from their last job or have never held a job. Better mental health status, less substance abuse, and better employment history in this group indicate the potential benefit of rehabilitative efforts. The immediate needs of this group of homeless men are a combination of economic and social supports. Serious barriers exist for their long-term success in a secondary job market that involves episodic and part-time employment.

Group 3. Short-Term Needs Group

Group 3 consists of men who are the least at risk of long term homelessness. Men were specifically placed in this group if their scores did not fall in the impaired range on the PSS and if they did not meet the criteria for inclusion in group 1 or group 2. The indicators of dependency are lower and fall more in the area of economic factors. These individuals had an immediate crisis in their housing, family composition, or employment. The term "episodic homeless" has been used to describe this portion of the population. Group 3 members have the fewest serious disabilities and the most positive work histories (see tables 2–5). Service needs for single males in this category are minimal except for shelter under the auspices of voluntary and religious

organizations. The number of homeless men who fall in this category is high, 342 (43%) of the study sample.

Implications

The traditional idea that public benefits for able-bodied men weaken the work ethic presents a serious barrier to policy-making and change in the provision of services to the homeless. Common myths and stereotypes defining homeless men as "skid row bums," transients, alcoholics, or loiterers reduce the prospects for recognition of the underlying disabilities and economic barriers confronting homeless persons.

Economic Barriers

The data reported in this study clearly document that a substantial portion of homeless men have been and probably can be in the labor force. The men in group 3 are mainly employable; however, current public policy does not adequately address employment issues for this group of men, preferring instead to label as unworthy those who cannot secure or maintain their place in a changing labor market. These men are the reserve that makes cheap labor possible. In a secondary labor market, which is marked by unemployment and low wages, many homeless people have reached the bottom. With changes in employment policy that increase wages for low skill jobs, they can be employed and can be helped to return to independent living with minimal investment from human service programs—retraining, job finding, and emergency shelter. These men are caught in the squeeze because their skills are marginal and their family relationships are marked by conflict. Confronted by unemployment and high cost housing, they are pushed into the streets where many may simply stop trying.

Diversity and Disability Levels

This data indicated that homeless men are not a single population with one common, problem condition. While short-term assistance is appropriate for some (group 3), the moderately and seriously disabled (groups 2 and 1) require intense and perhaps long-term services to interrupt the cycle of homelessness.

The men in group 2 are in need of substantial services. Many need physical and mental health care, and some need alcohol rehabilitation. A great percentage could benefit from vocational training to improve employability and counseling to reduce family alienation. For this third of the homeless males there is reason to be optimistic but only with extensive rehabilitation efforts. Policy efforts should be aimed toward

flexible employment, which recognizes their limitations and promotes their strengths. One possible future strategy is to develop more sheltered employment and public service jobs in conjunction with supportive services.

There is an unwillingness to accept the idea that some homeless men, such as those in group 1, will need continuous community care and the constant investment of community resources. Recognition of the problem of long-term dependency of working-age males is still absent from the literature on homelessness. Often, the work ethic is applied to this group with little recognition of these individuals' limited capacity to become self-sufficient.

Policymakers are becoming aware of the diversity of the homeless population: persons unable to find work because of lack of job skills, persons whose families have disintegrated and are no longer able to live in low-income housing or SRO hotels, seriously mentally and physically ill men without family or friends, and young people who are unable to enter the labor market but cannot continue to reside with their family of origin. This knowledge is beginning to affect the design of services in major cities of America. Nevertheless the work ethic—deeply ingrained in the morals of this country—is a barrier to this recognition.

It is probable that almost half of these homeless men could return to independence following short-term interventions and policy initiatives leading to job creation. It is also evident that another third of the homeless men would benefit from intensive rehabilitative services so that they could return to some form of independent or at least semi-independent living arrangements. However, the data in this study reveal that a quarter of our homeless male population is seriously disabled. These men have extremely limited personal and social resources to support attainment of independent living status. The solution for this group cannot be found in the traditional belief that we must "fix" the needy so that they are restored to independence; rather, this society must accept the evidence that some relatively few of our members cannot take care of themselves and do not have family support systems to take responsibility for them.[9] The burden of their care falls to society. The social policy of a humane society ought to reflect this reality if its neediest members are to be removed from the shame of living in the streets.

Notes

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Coordinating Services for the Mentally Ill Misdemeanor Offender

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Police officers frequently transport misdemeanor offenders who are suspected of being mentally ill to mental health facilities and hospital emergency wards for evaluation. This procedure may become a serious burden on many facilities, leading to long delays or rejection. Anticipating these delays, some police officers resort to direct incarceration. In a few communities, the health care system and law enforcement agencies have developed formal arrangements to coordinate responsibility for handling the mentally ill. As a result of these arrangements, the mentally ill avoid unnecessary involvement with the criminal justice system and receive assistance from mental health professionals to begin to solve their problems. Social service agencies and facility administrators can adapt the approaches implemented by these existing networks to form similar arrangements of their own with the police for handling the mentally ill misdemeanor offender.

Staff members at the overcrowded hospital emergency ward are all busy treating patients, including a cardiac arrest, an elderly man with shortness of breath, and a teenager who has overdosed on unknown drugs. Two police officers bring in an agitated man they report has been shouting obscenities and throwing rocks at neighbors who were "trying to kill me with ray guns." A receptionist completes the intake form and tells the officers to remain with the man in the waiting room until the triage nurse can see him. An hour later, the triage nurse examines the man and tells the officers to return to the waiting room until a psychiatric resident arrives. By the time the resident comes and examines the man, he has calmed down and appears normal. The psychiatrist tells the

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officers there is nothing the hospital can do The officers drive the man back to his neighborhood and drop him off. Three busy emergency ward employees have been interrupted to handle the case. The intervention takes over 3 hours by the time the police officers return to their beat The disturbed man is left to fend for himself.

* * *

The inability of both the health care system and the police to meet the emergency needs of the mentally ill—as in the vignette above—has increased dramatically in recent years There are more emotionally disturbed people acting out in the home and on the streets who come to the attention of the police, largely due to the deinstitutionalization policies of the 1960s and 1970s that led to the release of several hundred thousand chronically mentally ill individuals from mental hospitals.[1] Increased unemployment, cuts in public assistance programs and a decline in low-income housing have also contributed to the increase in the number of mentally ill persons who are homeless and therefore, most likely to come into contact with the police.[2] At the same time, the number of facilities designed to assist the mentally ill has either declined or not kept pace with the increasing need.[3]

Limited Options by Police and the Health Care System

Police typically have three alternative courses of action in these situations dispose of the case informally, arrest, or seek professional help for the person. A recent study, in which six trained observers watched 283 randomly selected police officers over a 14-month period, found that most of the situations involving the mentally ill (72%) were resolved informally:[4] the person was warned not to repeat the behavior, taken home, listened to, calmed down, or put in touch with a responsible person—usually a family member. Although infrequent, the arrest rate for this population was over two-and-one-half times higher than the rate for all other suspects.

Police officers avoid transporting suspected mentally ill persons to a health care facility because they anticipate the staff will refuse to accept the individuals for evaluation or treatment. Even if a facility does take over responsibility, police usually have to wait 2–4 hours before transfer of custody can be effected.

Most health care facilities, in turn, have difficulty providing emergency services to the type of chronic and disruptive mentally ill individuals police typically bring them. Hospital emergency rooms—frequently the only source of 24-hour service—are often unable to provide assistance, especially if the individual is uncooperative or combative.[5] Many mentally ill people are also alcoholics or are physically injured.[6] However, most mental health facilities will not handle the mentally ill

who are intoxicated or have a physical injury, and detoxification centers do not accept public inebriates who have a mental disorder.[7] Many mental health facilities lack the funds to provide staff and bed space for accommodating all the referrals they are expected to evaluate and treat; may restrict the number of beds available for chronic cases in order to be able to hospitalize more treatable individuals; or may not be allowed to maintain custody of police referrals because of recent court rulings narrowing the grounds for committing mentally ill people involuntarily.[8]

The result is that local jails are becoming a "dumping ground" for the mentally ill. According to some estimates, 600,000 mentally ill individuals are locked up in county and city jails every year.[9] This is not surprising when we consider that fully 7 percent of the 1,072 police encounters observed in Teplin's study (excluding traffic stops) involved suspected mentally ill individuals.[10]

Jail is the wrong place for the mentally ill. Aside from not receiving needed treatment, the person is often housed with ordinary criminal offenders who may abuse the mentally ill inmate.[11] The mentally ill are not served much better when a police officer deals with them informally, since this rarely solves their problem for the long term.

The failure to provide appropriate emergency treatment for the mentally ill is damaging not only to the mentally ill but also to the health care system and to the criminal justice system. Emergency health care facilities spend hours evaluating police referrals whom they can do nothing to help because the staff are not qualified or do not have the resources to provide the necessary treatment. In addition, police officers may bring in individuals who, upon examination, are found not to be mentally ill but homeless or intoxicated. Yet, in turning these individuals back over to the police for some other disposition, medical staff alienate law enforcement officers, whose good will is important when they are needed quickly to help deal with a violent patient. Police, in turn, spend an enormous amount of time dealing unsuccessfully with the mentally ill—in 1984, Los Angeles police officers spent approximately 20,000 hours every month responding to incidents involving the mentally ill.[12]

Collaboration between the Health Care System and Law Enforcement

Close collaboration between the social service system and law enforcement, involving shared responsibility for the mentally ill misdemeanor offender, can keep this population out of jail and provide it with appropriate treatment. At least eight communities have developed this type of arrangement.[13] The networks they have established can serve as models most other communities can adopt. The eight com-

munities range from large urban centers, like Los Angeles, to sparsely populated counties, like Galveston County, Texas. The network in Erie, Pennsylvania, encompasses only 22 square miles; Washtenaw county's network, in Michigan, takes in 575 square miles. Networks have been established in Fairfax County, Virginia, a wealthy "suburb" of the District of Columbia, Madison, Wisconsin, a "university town"; and Birmingham, Alabama, a quintessential "southern" city.

Despite this diversity, agencies and facilities in all eight communities have established lasting formal arrangements with the police for handling the mentally ill. Moreover, in addition to benefiting the mentally ill, these networks reduce the burden on both mental health professionals and police officers for handling this population. Each health care facility in the community eventually finds that law enforcement officers refer only those types of mentally ill persons whom facility staff are qualified and mandated to assist. In turn, police officers and deputy sheriffs are increasingly relieved of having to handle individuals whose problems are primarily psychiatric, not criminal, in nature. For example, if the incident described at the beginning of this article had occurred today in Montgomery County, Pennsylvania, it would be handled in the following manner:

> One of the two officers walks to a fast-food restaurant at the corner, pulls out a "cop card" that provides instructions and telephone numbers for incidents involving the mentally ill, and calls the Montgomery County emergency service 24-hour hotline A mental health professional suggests how the officers can defuse the situation, as a result, the officers are able to persuade the man to go with them to the emergency service's psychiatric facility for examination. Upon arrival, mental health staff have the officers sign a commitment petition with a brief description of the man's language and actions A "delegate" from the County Department of Mental Health reviews and approves the petition, and a facility psychiatrist evaluates the man. At the end of this half-hour process, the officers return to their beat. Facility staff decide to transport the man to another facility when he agrees to be hospitalized voluntarily overnight

Table 1 presents the principal features of the Montgomery County arrangement and the seven other networks. The core of each arrangement is a special unit that is on duty or on call 24 hours a day and that *screens* mentally disordered individuals for the most advisable disposition, identifies an appropriate facility to which to *refer* them, and provides *on-scene emergency assistance* when necessary.

In some arrangements, a mental health agency provides the special unit; in other networks, the unit consists of trained law enforcement officers; in still others, the law enforcement agency hires social workers to perform these functions. Depending on the arrangement, screening and referral may take place on the phone, at the scene, or at the special unit's facility. In some jurisdictions, the unit provides assistance

Table 1

SELECTED FEATURES OF EIGHT NETWORKS FOR HANDLING THE MENTALLY ILL

Feature	Birmingham, Alabama	Erie, Pennsylvania	Fairfax County, Virginia	Galveston County, Texas
Demography				
Population	283,000	117,000	700,000	194,000
Square miles	100	22	400	400
Lead agency or agencies	Police department	Private mental health emergency service	Community mental health center	Sheriff's department
Annual funding				
Amount (source or sources)	$200,000 (city)	$225,000 (state) $25,000 (city)	$391,000 (county)	$434,000 (regional mental health center)
Date network began	1977	1972	1977	1975
	Los Angeles, California	**Madison, Wisconsin**	**Montgomery County, Pennsylvania**	**Washtenaw County, Michigan**
Demography				
Population	3,000,000	180,000	650,000	265,000
Square miles	465	58	500	575
Lead agency or agencies	Police department and county department of mental health	Police department	Private nonprofit psychiatric hospital	Sheriff's department and county mental health center
Annual funding				
Amount (source or sources)	None*	$35,000 (city) $300,000 (county)	$170 000(county) $2,000 (city police)	None
Date network began	1985	1973	1974	1978

* An unknown, but small, amount of extra funding was needed to hire consultants to help train network participants and to hire new staff to perform some of the work that county department of mental health staff who were assigned to the network had been doing

with every encounter between law enforcement officers and a suspecte mentally ill person; in other communities, patrol officers are traine to handle routine cases and instructed to call on the special unit onl in emergencies. Whether unit staff, law enforcement officers, or bot transport the individual for evaluation varies from network to networl A closer look at the Montgomery County arrangement and two oth networks will illustrate both the common features in every arrangemen and the variations that make it possible to adapt a network to almo any jurisdiction's particular needs and constraints.

Montgomery County, Pennsylvania

The Montgomery County Emergency Service (MCES) is a privat nonprofit 36-bed emergency psychiatric and drug/alcohol hospital i Norristown, Pennsylvania. Since 1974, MCES has been the only de ignated facility for involuntary commitment of the mentally ill in th county of 650,000 people. The facility's services are available to an responsible individual within the county's 500 square miles who reques help for a suspected mentally ill person. However, 35–40 percent c its clients are referred by the county's 52 urban, small town, and rur police departments.

All police in Montgomery County receive an MCES "cop card" th provides instructions for telephoning the facility's 24-hour hotline fc assistance with any suspected mentally ill person who (*a*) poses a dang and (*b*) is unwilling or unable to sign a voluntary admission form. Th card also provides instructions on when to call MCES for voluntar examinations of suspected mentally ill persons.

When called, MCES staff do one of three things: (1) provide co sultation over the phone regarding the most appropriate dispositio including referral to other suitable resources; (2) instruct the offic to bring the person to the facility for examination and possible admissio or (3) send its ambulance staffed by certified emergency medical tecl nicians (EMTs) to evaluate the situation and provide crisis interventio If involuntary commitment is contemplated, the EMTs transport th person to MCES for psychiatric evaluation.

When the police bring an apparently mentally ill person to MCE an MCES psychiatrist evaluates the person and determines wheth hospitalization is required. Then MCES transports the individual t his or her home or to another facility if involuntary commitment not needed. Staff provide recommendations for outpatient treatmer for every individual who is not admitted. Through follow-up telephon calls to the individual, to his or her family, or to the referral agenc staff increase the chances that the person will pursue outpatient trea ment.

In addition to distributing the "cop card," the Montgomery Count Emergency Service teaches police recruits and line officers how t

dentify suspected mentally ill people and how to use emergency treatment services (including MCES). The training is designed to enable officers to know when and how to handle cases themselves to avoid burdening MCES with unnecessary calls for assistance. Staff explain when involuntary evaluations and commitments can legally be made, for example, by describing what kinds of behavior and language constitute a "clear and present danger of bodily harm to oneself or others." The MCES also trains other social service agencies on the use of its facility, relations with the police, and conditions of involuntary commitment.

Madison, Wisconsin

During the early 1970s, many of the patients released from the Wisconsin state mental hospital as part of the nationwide deinstitutionalization movement gravitated to the capital city of Madison. As a result, the Dane County Mental Health Center developed a comprehensive public mental health program that included a crisis intervention service. This 24-hour mobile unit, available to the police and other social service organizations, focuses primarily on suicide cases, potential voluntary hospitalizations, family crisis situations, and psychotic persons.

At about the same time, the Madison Police Department created the position of social service coordinator to be filled by a sworn officer. The coordinator was assigned to develop an in-house policy for handling the mentally ill, public inebriates, and other special populations and to resolve problems between officers and social service professionals.

From the start, the Dane County Mental Health Center and the police combined internal change with joint planning and training. Crisis intervention services staff rode on patrol duty to become familiar with the patrol officers and their work. Experienced police officers trained crisis staff in crisis intervention. Police recruits and beat officers received extensive preservice and in-service training from the social service coordinator and crisis intervention service staff in the nature of mental illness, identification of the chronically mentally ill, and crisis intervention.

Currently, two dozen social service agencies, including the state mental hospital, rape crisis centers, and detoxification facilities, all interact with the Madison Police Department through informal agreements that prescribe when each will call on the other for help. The police also have written in-house guidelines for cooperating with each of these social service providers.

The Dane County Mental Health Center and the police, however, negotiated a formal working relationship, documented in letters of understanding. According to the agreement, if the problem the police encounter with a mentally ill person is minor and the person's behavior

does not appear incapacitating or likely to recur, the officer refers the person to a specific outpatient facility. If the behavior is likely to happen again, the officer places the person in the custody of family or friends and recommends professional help from an appropriate facility. In either case, the person is told to expect a telephone call from the facility within a day or two. Later, the officer notifies the facility of the referral and forwards a copy of the incident report.

If the police do not feel comfortable simply referring the individual, they consult with the Dane County Mental Health Center's crisis intervention staff, either in person weekdays between 8 A.M. and 5 P.M. or by phone at any hour. Police call the center an average of 50 times a week. The crisis staff can also respond on-scene 24 hours a day, if necessary. Whether on the telephone or in person, a mental health professional confers with the officers and the individual and then recommends a disposition

Police officers have the authority to detain individuals and transport them for involuntary examination at the mental health center. However, the agreement with the center requires officers to consult with the crisis unit first because the staff may be able to use crisis intervention techniques, often in conjunction with medication, to stabilize the individual without recourse to hospitalization.

Erie, Pennsylvania

The network in Erie was initiated in 1972 after a hostage-murder situation involving a mentally ill individual. The incident revealed a lack of training in dealing with mentally ill persons, which caused the county mental health administrator and the chief of police to establish the present arrangement. The police department agreed to staff a cruiser with officers who would relieve the department's 200 other sworn personnel of difficult cases involving the mentally ill, the public inebriate, and similar special populations. Family Crisis Intervention, Inc., a local freestanding mental health emergency service already contracted by the county to conduct emergency mental health evaluations, trained the officers to screen for mental illness and intoxication, take people to appropriate facilities for treatment, and utilize the applicable Pennsylvania civil statutes regulating involuntary detention. Family Crisis agreed to update the officers periodically regarding changes in the civil code and in the availability of referral resources. A memorandum of agreement, signed by the Chief of Police and addressed to Family Crisis Intervention, Inc., formally sanctions these arrangements.

The seven-person police detail is called the "201 Unit" after the provision in the Pennsylvania Civil Code that requires each county's department of mental health and mental retardation to provide adequate

mental health services for all persons in need. Although individual patrol officers handle most problems involving the mentally ill on their own, they normally call the 201 Unit to take over a case when involuntary commitment of a mentally ill person appears to be needed.

After screening to make sure the person needs to be detained, the 201 Unit officers complete an application for 120-hour emergency commitment and have the order approved by a delegate of the County Department of Mental Health. The 201 officers then transport the person to one of two county health centers for evaluation. In most cases, the person is admitted because 201 Unit officers have become skilled in identifying people who need hospitalization, and they are familiar with the civil code's mandate for emergency services. If the evaluating psychiatrist determines that involuntary hospitalization is not needed, the 201 Unit usually returns the person either to the place he or she was taken into custody or to a shelter for the homeless.

Mutual Benefits Promote Participation

Network planners in every arrangement made sure that each agency and facility stood to gain something by joining the arrangement. Mental health professionals in emergency settings have long complained that police make inappropriate referrals that take up considerable staff time.[11] With a network in place, however, police referrals are prescreened and either diverted to outpatient treatment facilities or taken to an appropriate emergency facility. For example, law enforcement officers throughout Galveston County, Texas, once transported most suspected mentally ill persons to the University of Texas Medical Branch Hospital, regardless of the appropriateness of this action. As a result, hospital staff were constantly interrupted to evaluate individuals who usually turned out not to need hospitalization or who were not even mentally ill.

In response to these problems, representatives of the hospital, the sheriff's department, and the Gulf Coast Regional Mental Health-Mental Retardation Center agreed in writing that the Mental Health-Mental Retardation Center would train several deputy sheriffs to screen the mentally ill for the most appropriate disposition. These "mental health deputies" would go to the scene of the disturbance to assess the problem and then, only if necessary, transport the person to the University of Texas Medical Branch Hospital. In turn, the hospital would allocate any available bed—including those on medical wards—to individuals needing immediate hospitalization. The Galveston County Sheriff's Department sent a memorandum to the county's 12 small-town police departments explaining the new service and encouraging them to call the sheriff's mental health deputies for assistance with any suspected mentally ill person.

in need of immediate emergency treatment who in the past migh have been ignored or taken to the wrong agency. As a result, county funded facilities have sometimes had to engage in day-to-day crisi management to find the necessary beds. For example, the Los Angele County Department of Mental Health now requires all 24-hour psy chiatric emergency service units to call a centralized number eac morning to report their occupancy rates and anticipated vacancies fo the next 24 hours. With this information, the department's centra administration can tell a fully occupied facility where it can transfe a patient for immediate admission. The department also encourage facilities to screen nonemergency admissions more carefully, reduc (where appropriate) the time mental patients are hospitalized, an provide increased aftercare to reduce readmissions.

Many facilities have increased their efforts to accommodate polic referrals by "borrowing" stretchers from other wards, using blanket and chairs, or filling medical beds. The Galveston County networ requires the principal participating hospital to allocate any availabl bed—including medical beds—to law enforcement referrals. Th principal hospital in Birmingham, Alabama, agreed to give polic referrals priority for its five beds reserved for the indigent.

Often, social service and law enforcement agencies participating i the network avoid extra costs by reassigning staff to network functions The Los Angeles Police Department transferred nine officers to it expanded Mental Evaluation Unit, while the county Department o Mental Health placed a social worker in each of four police substations The Erie Police Department assigned six officers half time to its specia 201 Unit for handling the mentally ill. In the Washtenaw Count network, a few staff members in each participating agency are give slightly reduced responsibilities for their normal work to spend tim on network tasks.

Do the Arrangements Work?

The networks have not been formally evaluated. However, considerabl anecdotal evidence and some quantitative documentation suggest th arrangements are a significant improvement over the way the mentall ill were handled in the past. The Los Angeles County Department o Mental Health and the Los Angeles Police Department are require by their memorandum of agreement to evaluate the posting of mental health worker in each of four police substations. The Departmen of Mental Health collects data on how many clients are diverted fro probable arrest and how effectively they are linked with referral agencies In 19 of 63 cases involving the mental health workers, 18 clients wer diverted to treatment programs and 10 arrests were prevented.[16] I

Galveston County, jail admissions of mentally ill persons declined by 99 percent after the network was initiated.[17]

Several networks also keep track of the percentage of people, referred by law enforcement officers for emergency psychiatric evaluation, who are hospitalized. Ideally, police bring for evaluation only those individuals who require emergency inpatient care and refer or transport nonemergency cases to an appropriate outpatient facility, thereby reducing the burden on emergency health care facilities. In short, the higher the percentage of police referrals who are admitted, the fewer inappropriate people the facility has to waste time evaluating. The Montgomery County network found that 90 percent of police referrals require hospitalization; in Galveston the figure has ranged between 50 and 80 percent. While hospitalization rates before the networks began are not known precisely, mental health administrators report they were much lower.

Another indicator of potential network success is the percentage of police referrals who voluntarily enter a treatment program. The assumption is that recidivism will be reduced if the arrangement functions properly and transfers responsibility for the mentally ill from the criminal justice system to the health care system. A study of police referrals of mentally ill persons in the Fairfax County, Virginia, network showed that 71 percent had followed through with a treatment recommendation and were actively engaged in a voluntary outpatient program within four weeks of the intervention. The Washtenaw County Sheriff found that, although only 2 percent of individuals to whom deputies gave wallet cards listing outpatient mental health services sought help, the number seeking assistance rose to 18 percent when deputies telephoned the individuals within 48 hours to encourage aftercare.

The available evidence strongly suggests that the arrangements significantly benefit the mentally ill by reducing their involvement with the criminal justice system and by putting them in touch with the most appropriate treatment services for their particular condition. With networks in place, police have alternatives to arresting and jailing this population—both because officers became informed about available referral resources and because the providers of these resources have agreed to assist appropriate referrals on an emergency basis.

Sometimes the networks facilitate the involuntary commitment of a mentally ill person whom mental health professionals are having difficulty institutionalizing. In Galveston County, mental health deputies help at court commitment hearings. They provide evidence based on personal observation, or obtained from reliable third parties, regarding the behavior of mentally ill people. This information is particularly useful to confirm the need to hospitalize individuals who do not show

Attrition in Batterers' Counseling: The Role of Social and Demographic Factors

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This study was designed to assess the extent to which social and demographic characteristics predict noncompletion of therapy by spouse batterers. Characteristics that were significantly associated with noncompletion of treatment were employment status, relationship to victim, timing of abuse, arrest record, alcohol problems, motivation to terminate violent behavior, age, income, and age of partner. In combination, however, these factors only improve prediction of noncompletion by about 12 percent over what would be obtained by chance. Although not measured in this study, the anticipated responses of either the criminal justice system or the batterer's mate to termination of treatment are hypothesized to be key determinants of attrition.

The last decade has witnessed a proliferation of programs designe to treat those who physically abuse their spouses or partners.[1] Preliminar data suggest that these programs may be effective in reducing th likelihood of further violence, particularly for men who attend all c the sessions. For example, Edleson and Grusznski conducted a follov up study of 63 men who started treatment groups at the Domest Abuse Project of Minneapolis. Female partners of men who did an did not complete all sessions of treatment were interviewed, on averag a year later. The authors found that program completers were les

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often violent and more often nonviolent at follow-up, when compared to noncompleters.[2]

Studies in other areas of counseling, however, have found high dropout rates to be typical. For example, Baekeland and Lundwall found that between 20 and 57 percent of patients at general psychiatric clinics fail to return after the first visit, while between 31 and 56 percent attend no more than four times.[3] Steer's study of admissions for outpatient drug-free counseling at a community mental health center revealed that only 18.2 percent of patients completed treatment.[4] Similarly, Leigh and his associates found that 72 percent of patients at an outpatient alcoholism treatment program failed to complete treatment successfully.[5]

Across a broad range of problem areas, sociodemographic variables have consistently emerged as predictors of dropping out of therapy. Dropouts have been shown to be younger, lower in socioeconomic status, lower in education, and more often white than black, compared to those who complete therapy.[6]

Motivation to be rehabilitated has also proven to be an important discriminator. Krasnoff's study of alcoholics in a 6-week state hospital treatment program showed the dropouts to be less motivated to remain abstinent and more likely to view their drinking in rewarding terms than those who stayed in treatment.[7] (Hereafter, those clients who complete treatment programs will be called "completers.")

Furthermore, social stability, particularly in the occupational, marital, and residential spheres, has been shown to be an important correlate of remaining in treatment. Leigh and his associates discovered that early dropouts from an outpatient alcoholism treatment program had significantly lower social stability scores than completers.[8] Hahn and King found treatment dropouts to be more likely to be unemployed than those remaining in treatment.[9]

The degree of functional impairment in the areas of mental disturbance or substance abuse has emerged as an important factor in counseling attrition. On one hand, Hoffman found that, among patients at a community mental health center, those diagnosed as psychotic were significantly less likely to be dropouts than nonpsychotics.[10] On the other hand, Hahn and King and Robinson and Little discovered that dropouts from substance-abuse programs had been abusing alcohol or drugs longer than had those who remained in treatment.[11]

Other predictors of completion are arrest record and motivation for entry into treatment. Dropouts typically have had a greater number of arrests or have spent more time in jail than completers.[12] Those in treatment voluntarily, rather than by institutional referral, have been found to be more likely to complete treatment programs.[13]

As yet, only scanty information is available regarding either completion rates for batterers or the kinds of factors associated with dropping out

of treatment for this population. In virtually the only study devoted to this problem, Carillo examined the influence of selected sociodemographic variables on batterer attrition. He discovered that, compared to completers and partial completers, dropouts were more often never married, unemployed, and involved for many years with their victims. He also noted that completers were higher in education, income, and occupational status than the other two groups. A stepwise discriminant analysis revealed income to be the most important differentiating factor for the three groups, followed by the need to establish and maintain satisfactory relationships, education, and length of relationship with the victim. A subsequent attempt to classify dropouts and completers based on discriminant functions, however, produced disappointing results. Only 51 percent of the cases were classified correctly.[11]

The present study is a further effort to understand attrition in batterers' counseling. The work of Carillo has been extended through the incorporation of several factors that were not included in his analysis, such as the batterer's prior arrest or prison record, history of alcohol and drug abuse, seriousness of violence inflicted on the victim, as well as several indicators of motivation to reform. This study is particularly concerned with (1) identifying individual correlates of noncompletion, and (2) assessing the extent to which sociodemographic factors taken together enable one to predict successfully individuals at highest risk of noncompletion.

Methods

Sample selection.—The House of Ruth is a domestic violence treatment facility located in downtown Baltimore. This institution provides counseling programs for both self-referred and court-referred men who batter. Typically, between 300 and 400 men are counseled yearly in the court-referred program. The sample for this study consists of all men assigned by the court to this program between July 1, 1985, and June 30, 1986, for whom complete information was available. This resulted in a total of 295 men.

The majority—75 percent—were black, with 24 percent white, and 1 percent other nonwhite. Seventy-four percent were employed at intake. A wide range of occupations was represented in this group, although craftsmen and heavy vehicle operators composed the largest group, with fully 47 percent of the men falling into this category. In addition, 3 percent were professional and technical personnel, 8 percent were managers and administrators, and 14 percent were unskilled laborers. Eighty-seven percent had 12 or fewer years of education. Median income was $10,000, and mean age was 32 years. Seventy-one percent reported that the women they had assaulted were their wives. Mean length of involvement with partner for the group as a whole was 9.85 years.

The court-referred program.—Men who are ordered by either the civil or criminal court to attend counseling find themselves involved in a treatment regimen that is highly structured and didactic in nature. Employing films, handouts, and other visual aids, counselors lecture the group on such topics as the cycle of violence, the physiological cues that signal impending violence, the difference between "fighting dirty" and "fighting fair," role stereotyping and unrealistic expectations of men and women, jealousy, and substance abuse. Additionally, men engage in peer group activities and discussions that help them to recognize how these issues pertain to their own relationships, and what immediate procedures—such as the "time-out contract"—can be utilized to stop the abuse.

Classification of dropouts.—Despite the fact that men are under court order to complete treatment, this program experiences a substantial dropout rate. Enforcement of attendance differs, depending on whether the case is criminal or civil. Both situations entail circumstances that frequently enable the batterer to avoid completion. When a man misses more than one of the 12 sessions, he is considered a dropout. In a criminal case, his probation officer is notified and he is brought back to court. The judge may then decide on one of several courses of action. The batterer may be ordered again to complete counseling, he may be sent to jail, or the case against him may be dismissed under the presumption that he is no longer in need of counseling. In civil cases a contempt order is forwarded to the sheriff's office, which is then obliged to make three attempts to contact the recalcitrant client. If these attempts are unsuccessful, the batterer may well avoid having to return to treatment. Men in the sample were therefore classified into one of three possible categories: those who completed the program the first time they were referred by the court, those who dropped out the first time but completed after they were reordered to attend, and those who failed to complete at any time. Of the 295 men in the sample, 198 (67%) completed the first time through, 16 (5%) completed after being reordered to attend, and 81 (28%) failed to complete.

Independent variables.—Information on social and demographic characteristics of the batterers was obtained from records of their intake interviews. Several variables found to distinguish completers from noncompleters in other studies were used as predictors. The batterer's occupation and annual income were used as indicators of socioeconomic status. Additional demographic factors included age, race, education, employment status, and number of children. Several characteristics of the batterer's social background were examined, such as history of prior violence, arrest, or imprisonment; use of drugs or alcohol, history of prior counseling; whether he had ever witnessed violence between his parents; and whether he was abused as a child. Other attributes included in the analysis were the relationship of the batterer to the victim, the victim's age, length of involvement with the

victim, duration of the abuse (in months), the batterer's motivati reform, and the seriousness of the abuse.

Except for motivation to reform and seriousness of abuse, surement of these variables was quite straightforward. Motivati reform was assessed through responses to two questions durin interview: "How important is it to you to stop being violent with partner?" and "How hard will you try to avoid being violent i future?"; both had answer categories "very," "fairly," "a little, "not at all." An answer other than "very" to either question wa sidered an indicator of low motivation. There were two reaso this. First, these items exhibited very little variation. A response than "very" was given by only 8 percent and 6 percent, respec to each question. The second reason is a conceptual one. Ultim the responsibility for ending violent behavior rests with the bat Unless he is very motivated to change it is unlikely that the vic will stop. Therefore, to be only "fairly" or "a little" motivated to c one's behavior is to exhibit low motivation, given the gravity problem.

The seriousness of the client's violence was assessed with the C Tactics Scale (CTS),[15] which asked the batterer to report the freq with which he had committed several specific acts of violence t the partner. These acts range in severity from pushing, grabbi shoving the partner, to "beating up" the partner or assaultin with a weapon For any specific act, greater frequency of abus taken as an indicator of a more serious problem. In additio summation of all CTS items provides another, more global, in seriousness. However, this should be regarded as only an approx indicator, since summing the CTS tends to equate actions that markedly in their consequences for the victim.

Data analysis.—Two categories of completion were used. Since were very few men in the category "completed after being reor to attend," and since these men did eventually complete the pro they were counted as completers. The other group consisted of who failed to complete the program at any time, and will be ref to as dropouts.

Two separate analyses were conducted. The first consisted examination of the bivariate relationship between completion and of the independent variables listed above, considered separately variables found to discriminate significantly between completer dropouts were then included in a logisitic regression to determi relative impact of each on the probability of dropping out of coun while controlling for all other variables in the model.

Logistic regression resembles multiple linear regression excep the former is used whenever the dependent variable is categ When, as in this case, there are only two categories, logistic regr

models the natural logarithm of the odds of being in the category of interest as a linear function of the independent variables. In the present analysis, the category of interest was "dropout," and thus the response variable was the log of the odds of being a dropout. Maximum likelihood estimates of the logistic regression coefficients were obtained. Estimated probabilities of being a dropout for various combinations of the independent variables can be recovered from the estimated log odds by applying the appropriate exponential transformation.[16]

Unlike the R^2 in multiple regression, there is no widely accepted measure of predictive adequacy for the logistic regression model. However, Aldrich and Nelson have proposed two means for assessing goodness of fit that are "in the spirit of R^2," both of which were employed in this study.[17] The first is a "pseudo-R^2," $= c/(N + c)$, where c is the model chi-square statistic that tests whether all regressors are simultaneously equal to zero, and N is the sample size. The second measure is a proportional reduction in error (PRE) statistic It indicates the proportion by which prediction error is reduced when employing the independent variables, all together, to predict dropout status, as opposed to predicting dropout status without employing these variables.[18]

Results and Discussion

Of the total set of batterer characteristics examined, nine proved to be significantly associated with dropping out of counseling at the .05 level in the bivariate analysis. One additional variable was significant at the .1 level Table 1 shows these key variables, how they differ between completers and dropouts, the associated chi-square or t-statistics, and the attained significance levels for the tests.

As the table shows, sociodemographic characteristics of the batterer as well as attributes pertaining to the relationship between batterer and victim are individually predictive of dropping out. Younger men, those with lower incomes, and men who were unemployed at intake were more likely than others to be dropouts. In addition, men who had ever been arrested were almost twice as likely to drop out (31% compared to 18%) as men who had never been arrested.

Men who reported themselves to be drinkers of alcohol, as well as men who said that they had ever "gotten into trouble" because of their drinking, were both more likely than others to drop out of counseling. With regard to motivation to stop abusing a partner, those who gave any response other than "very" when asked how important it was to them to stop being violent were almost twice as likely to drop out (48% compared to 26%).

Men whose victims were reported to be women other than their wives were somewhat more likely to drop out than others. Among

Table 1

The Relationship of 10 Key Variables to Dropping Out of Counseling

Characteristic	Percent Who Dropped Out	χ^2	p
Employment status			
Employed	23.96		
Unemployed	37.33	5.009	.025
Relationship with victim			
Wife	24.15		
Other	36.47	4.56	.033
First time for abuse			
Premarital	42.19		
Postmarital	21.37		
N.A.	15.38	11.139	.001
Arrest record			
Ever arrested	31.19		
Never arrested	17.57	5.117	.024
Drinks alcohol			
Yes	31.44		
No	20.21	3.981	.046
Trouble because of drinking			
Yes	36.99		
No	25.48	3.513	.061
How important to stop violence			
Very	26.02		
Other	17.62	4.508	.034

	Mean for Completers	Mean for Noncompleters	t	p
Age	33.4	30.1	2.849	.005
Income ($)	11,246	8,282	2.538	.012
Age of partner	30.5	28.3	2.115	.035

Note.—N.A. = "not applicable."

those whose victims were their wives, men who began abusing their partners before marriage were twice as likely to drop out (42% compared to 21%) as those who began their abuse after marriage. Finally, those with younger partners were more likely to drop out than those whose partners were older.

Results of the logistic regression.—As in linear regression, the coefficients for the independent variables in logistic regression indicate the effect on the dependent variable of a one-unit change in a particular independent variable, controlling for all other predictors in the model. In this case, the dependent variable is the log odds of being a dropout. As in ordinary regression, dichotomous independent variables can be entered as dummies. The regression coefficient is then interpreted as the estimated increment to the log odds of being a dropout for those in the category coded "1" on the dummy variable.

Table 2 shows the results of this analysis, including the regression coefficients; the chi-square statistics and associated probabilities for

testing the significance of each; the overall, or model, chi-square and associated significance level; and the psuedo-R^2 value. The model includes only eight of the 10 individual predictors discussed above. The variable "first time for abuse" was omitted since it only applied to part of the sample, and "age of partner" was omitted because it was too highly correlated with respondent's age.

The model chi-square of 20.53 is significant (p = .0085), indicating that the hypothesis that none of the predictors is significantly related to the log odds of dropping out should be rejected. However, in the presence of other variables, only respondent's age reaches significance at the .05 α-level (p = .017), and ever having been arrested is marginally significant at p = .071 None of the other variables even approaches significance, in the presence of the remaining predictors.

To get a sense of the impact of age and arrest record on the dependent variable, I examined the estimated probabilities of being a dropout for fixed categories of the other six variables while varying the respondent's age and arrest record. For example, a batterer who is "average" on the other six characteristics, that is, he is employed, he has an income of $10,000, he is married, he drinks, he has not been in trouble due to his drinking, and he says it is "very important" to stop being violent will have an estimated probability of dropping out of .18 if he has ever been arrested before and is 20 years old. He therefore has about a 50-50 chance of being a dropout, according to the model. However, this probability drops to .33 for a 30-year old, and to .21 for a 10-year old. If a man with the same initial six characteristics is 20 and has no prior arrest record, the estimated probability of being a dropout is 3. It drops to .19 if he is 30 and .11 if he is 40. Thus, a

Table 2

Logistic Regression Coefficients and Associated Significance Levels for Predicting Noncompletion of Treatment

Regressor	Logit Coefficient	χ^2	p
Intercept	785	68	410
Age	− 061	5 72	017
Yearly income	- 00003	1 39	238
Employed	021	00	965
Victim is wife	.102	07	790
Ever arrested	750	3 27	071
Drinks alcohol	368	1 01	314
Trouble due to drinking	331	81	367
Important to stop violence	− 595	1 42	234
Model χ^2		20 53	
p		0085	
Pseudo-R^2		0829	

Table 3

Comparison of Predicted and Actual Classification of Clients with Respect to Dropping out of Counseling

Actual Classification	Predicted Classification According to Model: Completer	Dropout	Total
Completer	104	62	166
Dropout	18	43	61
Total	122	105	227

man in the last category is predicted by the model to have only an 11 percent chance of being a dropout.

The fit of the model.—While the "pseudo-R^2" does not have a "proportion of variance explained" interpretation, it is comparable to R^2 in that it ranges from a value of zero when the model has no predictive ability, to a value of 1 when the model is a perfect fit.[19] The observed value of .0829 indicates that the model provides only a slight improvement in predictive ability, compared to not using the model at all. This can be sensed more directly by examining the proportional reduction in error achieved when using the model to classify batterers, as opposed to classifying by chance alone. Table 3 shows the comparison of actual dropout status to predicted dropout status according to the model. The 227 men for whom there are complete data on all variables in the model were classified and, of these, 147, or 64.8 percent, were classified correctly. This is somewhat higher than the 51 percent reported to be correctly classified by Carillo.

The proportional reduction in error is 0.12. In other words, I achieve about a 12 percent reduction in classification or prediction error when using the model to predict dropout status as opposed to prediction by chance alone. Again, this indicates only a slight improvement caused by using, as against ignoring, the predictor variables.

Conclusion and Implications

Results from the current study suggest that selected sociodemographic variables are predictive of attrition in batterers' counseling. Along with Carillo, I find that men who are unemployed as well as men with low incomes are more likely than others to be dropouts. However, unlike the former study, I found no significant relation between either education or occupation and dropping out. As is the case for other rehabilitative programs, I found that younger men, those with a history of prior arrest, and those with relatively low motivation to reform were

more likely than others to be dropouts.[20] Additionally, those with younger partners, those whose victims were not their wives, and those who either drink or have been in trouble because of their drinking were more likely to be dropouts.

These findings are not particularly surprising. They confirm that men with a history of problematic adjustment in areas such as work, relations with the legal system, or alcohol consumption are also likely to be those who are unable to complete the additional task of undergoing therapy. For some individuals, dropping out is part of a general pattern of low achievement in socially valued areas.

Alternatively, employing only sociodemographic factors in the attempt to identify those who are at high risk of noncompletion was not especially fruitful in this study. These factors taken together provide only a slight improvement in prediction of noncompletion, compared to chance classification alone. Thus, while the variables examined in this study are, indeed, related to dropping out, they account for a relatively small proportion of variation in attrition. Most of the variation in whether or not a batterer remains in court-ordered treatment must be a function of other, unmeasured variables.

What might these factors be? One suspects, first, that the kinds of sanctions brought to bear on the individual by the criminal justice system for failing to complete, in combination with the response of the victim to the batterer's withdrawal from the program may be significant determinants of completion. Thus, holding social factors constant, if a man can withdraw from counseling without the threat of being incarcerated, and if the victim is willing to reconcile in spite of his discontinuation of therapy, then there remain few external constraints on him to stay. He may then be at high risk for noncompletion of the program. Conversely, men who anticipate either incarceration or loss of the partner for failing to remain in treatment would be expected to have a high probability of completion, regardless of other personal characteristics. The impact of these additional variables could not be assessed with hard data in the current study. However, staff at the study facility reported to me that, based on purely impressionistic evidence, they consider these factors to be strongly influential in explaining attrition. Therefore, they should be explored in future attempts to understand this problem.

These factors can be viewed as containing both objective and subjective dimensions. One might measure the subjective aspects by asking men at intake what they think will be the response of the criminal justice system to their failure to complete the program. Similarly, they can be queried as to what they anticipate their partner's response to be under the same circumstances. Alternatively, more objective measurement of these variables might consist of tracking batterers through the criminal justice system and examining (*a*) the conditions under

which they were sent to counseling—whether through civil or criminal proceedings, whether in lieu of a jail sentence, and so forth—and (*b*) the sanctions applied to those who missed sessions or stopped attending altogether. The latter involves examining whether such men are successfully contacted and brought back to court and, if so, recording the action taken by the court in each case.

Similarly, the batterer's partner could be interviewed prior to initiation of treatment, and asked what her response will be if her partner fails to complete treatment. She might then be reinterviewed at termination of treatment and queried regarding any responses she actually made to either his missing sessions or his dropping out of treatment altogether. Some delicacy is required in the implementation of this latter procedure since the batterer may have discontinued treatment without her knowledge. The treatment facility may or may not, as a matter of course, inform the partner when a batterer begins missing sessions. If so, the procedure could be readily implemented. If not, the researcher must determine whether such a procedure is ethically permissible.

Other factors, as well, could be influential in attrition. The degree to which batterers accept full responsibility for their violent actions may be related to staying in therapy. Those who accept such responsiblity would be expected to be more likely to remain in treatment, compared to those who think that some, or perhaps even all, of the fault lies with the partner. Additionally, the extent to which the batterer feels that therapy is necessary to recovery may be an important factor. Even those who accept responsibility for the violence may still feel that they can handle it themselves, and that they do not need counseling to control their abusive behavior. Hence, attrition may be greater among those who do not consider counseling important to recovery.

Even further, it would be of interest to examine the extent to which batterers incur, from their perspective at least, significant "costs" in therapy which outweigh any perceived gains. Such costs could be material ones, such as time and money lost from employment, or the cost of transportation. On the other hand, the more substantial costs may be of an intrapsychic nature, such as being continually labeled a "batterer" and having to disclose oneself repeatedly to a critical group of peers. It seems likely that those for whom costs outweigh gains, and for whom there exist few external constraints to remain in therapy, would be most likely to be noncompleters. These hypotheses need to be explored in future research.

Notes

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16 John H Aldrich and Forrest D Nelson, *Linear Probability, Logit, and Probit Models*, Sage University paper series on Quantitative Applications in the Social Sciences, 07-045 (Beverly Hills, Calif Sage, 1984); John Neter William Wasserman, and Michael H Kutner, *Applied Linear Statistical Models* (Homewood, Ill : Irwin, 1985)

17 Aldrich and Nelson, p 57.

18 This measure is constructed as follows The estimated probability of being a dropout, generated by the regression, is compared to a cutoff value of 275, which is the unconditional probability of being a dropout for the sample as a whole. Men whose estimated probabilities are above that cutoff are predicted to be dropouts The others are predicted to be completers. One then compares the number of classification errors made using the model to the number of errors one would make in classification by chance alone The proportional reduction in error is then calculated as

$$\text{PRE} = (\text{no. of chance errors} - \text{no. of model errors})/\text{no. of chance errors},$$

where the number of errors due to classification by chance is

$$\text{no. of chance errors} = 2 \times p \times (1 - p) \times N,$$

where p is the unconditional probability of being a dropout and N is the sample size. For a discussion of proportional reduction in error techniques, see Alan Agresti and Barbara Agresti, *Statistical Methods for the Social Sciences* (San Francisco: Dellen, 1979).

19. Aldrich and Nelson.

20. Baekeland and Lundwall (n. 3 above); Hahn and King (n. 6 above); Krasnoff (n. 7 above); Leigh et al. (n. 5 above); Owen and Kohutek (n. 6 above).

Book Reviews

In the Shadow of the Poorhouse: The Social History of Welfare in America. By Michael B Katz New York Basic Books, 1986 Pp xiv+338 $22 95

This volume presents a reinterpretation of American social welfare history from a radical point of view Completed in 1985, it is based mainly on books, articles, and collections of documents published since the mid-1960s "Nobody likes welfare" (p. ix) is the opening sentence The author goes on to say that despite welfare's unpopularity it has served useful purposes, including promotion of social order and regulation of labor markets, and that its ability to withstand attack shows that it is consistent with the American political economy and social structure. The book as a whole gives the impression that the heart of the problem of America's peculiar and unsatisfactory welfare system lies in its political economy and social structure

Other historians have written favorably of the efforts of individuals and organizations to reform the welfare system in various ways Katz, like many of the authors he cites, regards reformers with suspicion and finds fault with both their objectives and the results of their work. His sympathy and identification are with the people on relief or, in many cases, denied assistance, especially able-bodied but nonemployed adults. The bias and tone of the book are indicated by the following passage from a chapter dealing with late-nineteenth-century developments in welfare. "Although no one could deny that almshouses were awful places for children or that many poor children were neglected and mistreated, the removal of children from almshouses, like the attack on outdoor relief and the breakup of poor families, reflected the brittle hostility and anger of the respectable classes and their horror at the prospect of a united, militant working class" (p. 109)

Throughout the volume Katz looks for and, as in the National Welfare Rights Organization, occasionally discovers signs of militancy in the ranks of the poor For the most part, however, he finds the record of American welfare a depressing story, its only cheerful note being the ability of the poor to subvert official policy.

The book's time span is from the 1820s to the 1980s. Its organization is thematic within chronological periods "The Poorhouse Era" (c. 1820–90) contains chapters on the introduction of the poorhouse and its failure as a positive social institution, the survival of outdoor relief despite reformers' attacks on it, the charity organization movement and scientific philanthropy, and the transformation of poorhouses from conglomerate institutions to old-

age homes. "Building the Semiwelfare State" (1890s–1930s) examines child saving, urban reform, welfare capitalism, and the New Deal. The two chapters on the period since 1960 discuss changes in and expansion of welfare brought about by the civil rights movement and the War on Poverty and more recent efforts by the states and federal government to curtail welfare. The organization of the volume is well suited to advance the author's critical interpretation of American welfare, but, as he acknowledges, it involves repetition and results in the introduction of some topics (e.g., the Sanitary Commission and Civil War pensions) in unexpected places. The book gives only cursory attention to welfare in the colonial period and to the effects of the Civil War and Reconstruction and World Wars I and II on social welfare. There is not much on black Americans before the New Deal.

Although Katz emphasizes the resistance of American welfare to fundamental change, his study begins with a big one: the introduction around the 1820s of poorhouses and other specialized reformatory and educational institutions. Katz believes their use "represented a new and momentous development in modern history" (p. 11). I think he exaggerates both their novelty and impact. Colonial Americans customarily took care of their poor, insane, and criminals in less formal ways, but they knew of and admired Europe's eleemosynary institutions, had established almshouses in the larger cities and towns before the Revolution and, in its wake, displayed keen interest in prison discipline and a variety of benevolent enterprises. The force of the "institutional explosion" was lessened because adoption of the institutions was by no means universal. Welfare was a local responsibility, and for years many communities continued the methods they had used in the past. One of the reasons for the "resilience of outdoor relief" (p. 37) was the opposition, not of paupers, but of taxpayers (often poor themselves) and public officials to the expense and effort required by innovations such as poorhouses, reformatories, and asylums for the insane.

The author's empathy for men and women on relief provides a new explanation for what has usually been considered a forward step in welfare policy, the removal of children from the unwholesome environment of poorhouses. In the introduction, Katz states, "Reformers moved children out of poorhouses and away from their families because they wanted to break up families" (p. xii). In the chapter on the transformation of the poorhouse he concedes that children, even without their parents, received better care out of the poorhouses than in them but contends that because people at the time did not adopt the alternatives he believes were available and should have been implemented—separate facilities for families in the poorhouses or adequate relief away from them—"family breakup was one goal of policy" (p. 105). It is true that there were people who believed separation of children from parents was justified when parents were unable to support them (a practice that had the support of custom and law in colonial America). There were, however, many reasons other than desire to break up families that voters, assuming they were offered an opportunity to vote on these issues, might have rejected Katz's alternative. He is content to raise the issue and to settle it by surmise.

The chapter on child saving deals with the efforts of Progressive-era reformers to protect and advance the interests of children. Critics at the time viewed the establishment of the Children's Bureau, support for children in their own homes, child labor legislation, compulsory education laws, reduction of infant mortality, promotion of child and maternal health, and the establishment of special courts and procedures for juvenile offenders with suspicion, and most of the proposals met with stiff opposition. Katz adds his disapproval: "Intrusion into family life, the extension of professional influence, and the elaboration of social service bureaucracies" (p. 114).

The basic problem, as Katz points out, is "how to implement public responsibility in a setting where economic and family decisions are considered private" (pp. 114–15). In this instance, he concludes, "reform foundered on the conflict between privatism and public responsibility that created fictive boundaries between family, economy, and state, which government could cross only as a last resort" (p 145)

The chapter on child saving cites an article and a book by Homer Folks but does not utilize the writings of other leading figures in the movement such as Florence Kelley, Lillian Wald, and Grace Abbott. At the very least their testimony would have refuted the author's contention that child advocates "saw little potential conflict among the parties involved in juvenile justice, child labor, or education" (p. 123) In the section headed "The Role of Government" (pp. 121–24) Katz makes assumptions about the assumptions of unidentified "social scientists and social reformers" (p 123). Editorializing about the naiveté of these anonymous figures "from the vantage point of eight decades later" (p. 122) is less useful than helping readers understand the circumstances and conditions that led people to believe and act as they did in their own time

The author's enthusiasm for "government" in general contrasts with his misgivings about the role of "the state" in child welfare He says in the introduction that "despite all its flaws, government has been, and can be again, a great source of social progress in America" (p. xiv). Readers will have to make their way through two-thirds of the book before finding a government program, Civil War pensions (discussed in connection with the movement for old-age insurance in the 1920s) that has his unqualified approval. In the chapter on the 1930s he criticizes President Franklin Roosevelt for returning responsibility for the "unemployables" to the states and holds the agricultural policies of FDR's administration responsible for pushing black Americans from the rural South to northern slums On the other hand he pays tribute to "the magnitude of the New Deal's achievements" (p. 246) in expanding the commitment of both federal and state governments to social welfare.

The most positive chapter is the one on the civil rights movement, the War on Poverty, and the expansion of social welfare in the 1960s and 1970s. Katz salutes the civil rights movement both as "the most effective poor people's movement in American history" (p. 253) and as the major influence in converting social welfare policy into a strategy for attacking "the consequences of racism in America" (p. 252). He regards poverty as "an inescapable consequence of American political economy" (p 255) and is scornful of the War on Poverty strategy of seeking to enhance opportunity for all rather than attacking inequality in the distribution of economic power and resources. Nevertheless he provides readers an excellent summary of the various programs launched by poverty warriors to assist the poor. Of particular significance, he believes, were the community action programs, not because they succeeded, but because they stimulated "grass-roots social action and the nurturance of a distinctive, new generation of reformers who moved out of neighborhoods and into public offices across the country" (pp. 254–55). It may be added that the hopes and energies unleashed by the civil rights struggle and the War on Poverty were important influences in producing a school of history of which this volume is an example.

Katz's book is a challenging one that, because of its point of view and forceful argumentation, has received wide attention. So far, however, the author's plea for a more generous welfare policy seems to have been ignored by people who are alarmed about "dependency," the modern word for pauperism; instead, conservatives blame welfare for the alleged collapse of the American family.

The book will probably stimulate further research on social welfare history both by students who agree with Katz's approach and those who, like me, find the work suggestive and informative but in some respects incomplete and unconvincing. Because of the many interests involved in the making of welfare policy and the different angles from which the topic can be viewed, it is unlikely that a permanent consensus will emerge from the researchers' efforts

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Rations, Residence, Resources: A History of Social Welfare in South Australia since 1836. By Brian Dickey with contributions from Elaine Martin and Rod Oxenberry Netley, South Australia Wakefield Press, 1986. xxvi+366 pp [A Special Jubilee 150 Publication]. $40 00 (cased), $30 00 (limp)

This book is of unusual interest because Australia invites comparison with the United States The island continent is about the size of our contiguous states. Beginning in 1788 the English settled seven colonies that were separate until 1901 when they formed a federal government modeled in part on that of the United States. South Australia was established in 1836 around the port of Adelaide. It was not a convict colony It was, rather, a deliberate investment of surplus capital and labor from the British Isles. There is a survey history of its social welfare institutions. *No Charity There*, also by Mr. Dickey (Melbourne Nelson, 1980), and two historical chapters in *The Australian Welfare State*, by M A Jones (Sydney. Allen and Unwin, 1980) Now Mr Dickey, who teaches at Flinders University, presents the first detailed history of Australian social welfare institutions and programs at the colony/state level.

Imagine the development of social welfare in an English settlement moving into a wilderness where the aborigines were scattered nomads almost incapable of resistance; where ethnic divisions among settlers were by policy pretty much limited to those between English, Irish, Welsh, and Scots, where the government was run mostly by property owners who looked back in confidence to an English tradition of elite leadership, where governing did not involve our antagonisms between executive, legislature, and judiciary, or between local, state, and federal officials; where public administration was not dominated by the spoils system; where private agencies were few, small, and partners rather than competitors of government; where cultural ties with England were strong and respectful. That is the state of South Australia Its population today, after substantial increases, is about that of Maine, in an area six times that of all New England. (It is fourth in population among Australian states, well behind New South Wales [Sydney] and Victoria [Melbourne].)

Does Dickey, in this detailed case study based solidly on good primary sources, modify the general interpretation he earlier made in *No Charity There*? Not much, because he is thinking about the same questions, which he formulated in the context of twentieth-century English and Australian politics In this view, the most important consideration is the separation of society into unequal classes. The most important factor in class distinction is capitalism. Inequality is unjust and bad for the economy and society. It is structural, not personal, and it is supported by those who benefit from it. Given these truths, the

significant historical questions about social welfare are. What part does it play in sustaining, modifying, or replacing capitalism? Does it bear out the theory that nations converge in their political economy and social structure?

These questions are not, as Dickey realizes, very helpful in a historical narrative about who did what, why, and how. As I see it, this volume includes three books. First and longest by far is Dickey's story of state-level policies and agencies for public assistance and child welfare (including courts and corrections for juveniles). Second is a substantial chapter by Elaine Martin on education for and employment of professional social workers. Third is a penumbra seen in interpretive passages. It goes beyond "reading [the story] as a sequence of responses to perceived needs" to identify a "latent contribution . . to the maintenance of existing values and relationships . . . [of] the dominant middle classes within a capitalist society" (pp. 325–26). This third theme pervaded *No Charity There*, which seemed to me to cheer on the Labour Party. It is relatively subdued and circumspect in the present volume, because, as Dickey says, "the providers of social welfare in South Australia" have "most of the time . . . been convinced that they were acting not for their own good but for the good of the dependent people" whom they proposed to help (p. 321).

True, on his telling, but the result is that he selects and presents the detail of his history to consider whether "middle class providers" were philanthropists or victimizers and whether the recipients were grateful or resentful. He is impartial inasmuch as he presents evidence on both sides and draws balanced conclusions.

But suppose one begins not with English politics but with the immediate practical problems of helping individuals and their families and friends, small groups of people with common interests, or funders and executives who actually manage, coordinate, and develop social services. Suppose one tries to think about these subjects in a more or less rational, scientific, technical way, detached from the cosmic enthusiasms of religious missionaries (perish sin!) or political missionaries (perish structural inequality!). Suppose you are charged and more or less prepared to do certain jobs, and you want to do them better. Is there anything in this volume for you?

Yes, because Dickey and his associates do not shy from detail. Even though they do not emphasize these questions, one can tease out evidence. The Englishmen who founded South Australia were capitalists who, like their contemporaries in England, believed that a correct policy of public assistance would be aimed at "deterrence," the term most often used in England and here until about 1960. Dickey does not use it but dwells instead on the related distinction between "deserving" and "undeserving" poor. However, the English poor law simply didn't fit local conditions: counties did not exist, parishes were rudimentary, and relatives were precious few. Instead, the colonial government established an "Emigrant Agent" to give "rations" to hungry newcomers. When newcomers became old-timers the agent was transformed into a "Destitute Board," still handing out "rations." By that time the state also provided "residences" (institutions) for some dependents and delinquents, especially for dependent and delinquent children. Still later, the state provided "resources" ("opportunities" in American parlance).

State legislators and executives, therefore, confronted the familiar problems of outdoor and indoor relief, foster care, administrative organization and finance, and community organization and development. The bureaucracy apparently had much employment security. Executives and their political and social supporters appear to have been generally well informed and conscientious

It is remarkable to me that these people did not foster and develop the technical curiosity and professional commitment that have characterized professional social work in the United States.

The historical record does not suggest to Dickey or Martin that the social welfare bureaucracy developed a professional spirit. They find that professional social work made its appearance mostly outside the service bureaucracies, in the minds of people who knew what was going on elsewhere and who believed that something like a professional spirit and insight was somehow desirable. The authors might have made a comedy out of the perceived shortage of qualified social workers to perform tasks that seem to have been defined by the speculations of thoughtful outsiders rather than by the business of practitioners. I get the impression that the dynamic of professional social work was a rather nebulous aspiration shared by well-educated people who turned their attention to agencies and programs; they were or could influence leaders in the Liberal/Country ("conservative" in American parlance) party as well as in the Labour party (this bipartisan support suggests to Dickey that professional social workers are not interested, alas, in ending structural inequality [pp. 320–21]).

More generally, Dickey's account of capitalism, individualism, and class identification contrasts with the way those notions appear in our history. I get the impression that "class" was in fact a much more important identification there (and of course in England) than here, and that its importance in social life and politics allowed observers to simplify problems and solutions in ways that would seem impractical in our more diverse and equalitarian society. More to the point, if I try to imagine such leaders of the profession as Mary Richmond, Charlotte Towle, Grace Coyle, Robert Vinter, Bradley Buell, or Nathan Cohen in that setting, they seem out of place. There are many obvious reasons why they do not fit, but there also may be subtle ones that are important. Social workers who are interested in that kind of self-knowledge may get help from historians who are disposed to study the concreteness of characters and events, but, as this volume shows, they will have to look hard to get help from historians whose notion of relevance is to ponder the polemics of political economy.

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Health Policies, Health Politics: The British and American Experience, 1911–1965. By Daniel M. Fox. Princeton, N.J.: Princeton University Press, 1986. Pp. 234. $25.00.

The thesis of this volume is that the basis for health policy in the United States and Britain in the twentieth century has been the same. Rather than focusing on the origins of the National Health Service in Britain and why the United States has not initiated compulsory national health insurance, as many authors have, Daniel Fox argues that "hierarchal regionalism" has been the common root of policy in both countries. By the 1920s "the priority for public health policy in each nation changed from regulating or improving the environment to providing direct services to individuals" (p. x).

The assumptions of hierarchal regionalism are: (1) the causes of cures for most diseases are usually discovered in the laboratories of teaching hospitals

and medical schools; (2) these discoveries are then disseminated down hierarchies of investigators, institutions, and practitioners that serve particular geographic areas, and (3) health policy should stimulate the creation of hierarchies in regions that lack them and make existing ones operate more efficiently (p ix). Under hierarchal regionalism, doctors' orders for patients distributed most resources, and priority was given to services provided by specialized doctors in hospitals.

Fox has done his homework well. A wealth of pertinent citations document health-policy developments in both countries from 1910 to 1965. The story that unfolds makes his thesis plausible and provides a good sense of the major actors and forces in play. Fox concludes that the very success of hierarchal regionalism ultimately stimulated its erosion in the 1970s, particularly in the United States.

The emphasis on developments in medical science and distribution of medical technology has led to increasing costs of diagnosis and treating illness Fox suggests that, in order to contain costs, fewer patients are being referred up hierarchies to teaching hospitals and fewer are being referred outside regions to national centers of medical research Further, within regions, hospitals and doctors are more likely to compete with each other, further reducing incentives to refer

While the argument of similarities of policy bases in the United States and Britain is well made, some quite different outcomes lead me to question how far the argument should be carried. A major difference is that, in Britain, achieving equity of access to health service remained the principal goal of policy from the 1930s to the 1960s, while technical goals took precedence over equity in the United States (p 170) Further, when Britain did turn to improve its hospital stock in the late 1950s, the emphasis was on modernization, rather than growth as in the United States (p. 183) Britain has allocated a considerably smaller portion of its Gross National Product than the United States to health services since World War II. I wonder whether such fundamental outcome differences are likely to emerge from the same policy basis.

Fox rejects "historicism." There is no concrete description of an earlier time and no way to predict what will happen in the future (p 212). Surely this position requires some qualification in light of his own work.

I feel I have a better understanding of the developing organization of health services in Britain and the United States from reading this book. I like to think that those of us who read this and other well-done histories of health services may do better in predicting the likely shape of things to come than we would without these insights.

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Demand Processing and Performance in Public Service Agencies. By Stephen L. Percy and Eric J. Scott. Tuscaloosa: University of Alabama Press, 1985 Pp. 153. $20.00.

A teenager presses the emergency dial button on the family phone. A police operator answers and she tells the operator that her mother and the mother's boyfriend are in the midst of a terrible fight. The operator calms the teenager and takes down information. This information is relayed to a police dispatcher

who decides that this call warrants a high-priority response. The dispatche contacts a patrol car in the area. The patrol officers discuss the informatioi given by the dispatcher and with some haste, move toward the teenager' apartment.

This monograph by Stephen Percy and Eric Scott is one of a set of polic demand processing studies funded by the National Institute of Justice (NIJ in the late 1970s and early 1980s At this time, the law enforcement community cognizant of research findings that showed that routine police patrols do littl to retard crime, was searching for ways to improve the crime-fighting capacitie of their patrol divisions. By focusing on the processing of citizen demands they hoped that means would be found to decrease police response time t crime incidents and, in turn, reinvigorate the crime fighting capacities of thei patrol units.

Instead, Percy and Scott, along with others, uncovered a number of con tradictions associated with demand processing that undermined further th utility of using police patrols as responsive, crime fighting instruments. Usin an information-flow model and data gathered in one medium-sized polic department, they found that citizens place very heavy demands on polic time, threatening information overload, and that a large proportion of call are not crime related. While police administrators have been successful i selling the public on crime fighting as the major task of urban police agencies the citizens, through their calls, demand that these agencies provide a hos of social services. When citizens do call about stranger-to-stranger crimes i progress, the delay responding to their calls makes it impossible to catcl offenders at the scenes of crimes

Further, Percy and Scott discovered that police operators as "gatekeepers and dispatchers as "response coordinators" exercise an enormous amount o judgment or discretion in processing information. Complicating this realizatioi is the low status of civilian employees Consequently, demand processors rep resent another source of organizational tension within police departments public agencies long characterized as highly fragmented and conflict oriented

The tension is greatest between demand processors and patrol officers Gatekeepers and response coordinators, experiencing information overloa and pressure from administrators to process demands rapidly, are seen a using poor judgment from the perspective of patrol officers' needs Percy an Scott's survey of police officers reveals that three-fourths of those interviewe want more, not less, information from demand processors. "Of officers wh wanted additional information, about 80 percent desired further details abou the problem, three-fourths wanted more about participants, and one-fourtl requested additional facts about incident location" (p. 120) In interpretin these findings, Percy and Scott conclude that providing more information t responding officers is crucial to their ability to assist citizens and to their ow personal safety

While police officers register many complaints about these workers, citizen are quite satisfied with how gatekeepers perform their jobs. In surveyin citizens, Percy and Scott found that the overwhelming majority of citizens fee they are treated with respect, given enough information, and calmed througl their interactions with police operators. While demand processors contribut to tension inside the police agency, they make a crucial contribution to citize satisfaction.

With all of these contradictions surrounding demand processing, one woul expect this process to generate significant administrative attention. In fact Percy and Scott find that police administrators neglect this sphere of activity However, the authors offer few insights as to what demands effectively captur

the interest and spark the involvement of police administrators. Instead, they are satisfied to conclude with some general recommendations about demand processing. They call on police administrators to give more attention to this information base and increase supervision over demand processors as discretionary actors

While the authors discover the prevalence of judgment or discretion surrounding demand processing, their reliance on an information-flow model to study the process and their failure to supplement this model with a qualitative inquiry into these jobs leave them with the staid view that discretion should be contained through greater supervision. Increasingly, those who focus on "lower echelon" discretion in public service recommend putting the judgments of street-level personnel to work in revitalizing decision making In his seminal study of managing social security disability claims, Jerry Mashaw (*Bureaucratic Justice*, New Haven, Conn.. Yale University Press, 1983) finds that giving demand processors a stake in the decision-making process contributes substantially to the construction of justificatory structures for distributing services, which work and enhance the administration of justice

In short, Percy and Scott's inquiry contributes substantially to our knowledge about what citizens demand of their local police and the contradictions surrounding police response to these demands However to gain a richer understanding of the discretion surrounding demand processing, why effective demand processing requires the inclusion rather than the repression of street-level judgments, and how demand processing works in agencies other than police departments, one must turn to other works

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It's O.K. Mom: The Nursing Home from a Sociological Perspective. By Joan Retsinas New York: Tiresias Press, 1986. Pp 192 $12 95 (paper)

To a burgeoning literature on nursing homes comes this little addition, offering an interesting and useful glimpse at life in one ordinary New England nursing home While most information on nursing homes comes either from newspaper features and exposes or broad statistical looks at service trends in a range of homes, *It's O.K Mom* looks in depth at the friendship patterns, staff-resident interactions and family connections in a single, rather typical home

The author's description of the home is particularly useful in conveying how a nursing home should not be designed, and she shows a sensitive and perceptive awareness of staff attitudes and behaviors, resident idiosyncrasies, and family feelings and responses Any reader can come away with a good and accurate "feel" for day-to-day life in an ordinary nursing home

The book, however, is not without its flaws. The curious title seems to reflect confusion over the likely readers Perhaps the publishers thought the title might prompt some sales to families of the elderly, but the recurring statistical jargon and sociological charts and tables will probably discourage that readership

The home is referred to merely as "The Nursing Home," and readers must constantly remind themselves that this is a look at a sample of one, and avoid conclusions about homes in general While very ordinary in many respects, a unique feature of this home is the great homogeneity among the staff and residents in regard to race, ethnicity, and socioeconomic class. The generally

positive feelings and interactions observed among staff and residents cannot help but be enhanced by the fact of care givers looking after their own Staffing patterns, certainly in most urban communities in the United States, are such that residents and staff are very different from one another, and similar positive outcomes are less likely to be obtained

Missing from the analysis is any attention to the home's ownership and administration and the ways in which policies and practices are influenced and determined by those who own and operate the home. Most distressing of all is the likelihood that the owners and staff might conclude from this book that the residents have friends, the families are content, people are not suffering, that is, Retsinas proved those things scientifically so we must be pretty good. In fact, the aged residents in this home are managing well in spite of the home rather than because of it. The outcomes described are more a tribute to the strength and adaptability of these disabled elderly folks than to those paid to care for them. Let's hope there won't be some opportunists who will read *It's OK Mom* and conclude that they merely need to open a nursing home, and, somehow, the residents will do all right on their own Ordinary, which is what this home is, is simply not good enough

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The Welfare State: Still on Solid Ground

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The welfare states of North America and Western Europe have seen slower growth and even cutbacks during the 1970s and 1980s. Critics on the Right blame the faulty ideology behind "social engineering." The Left points to the fundamental incompatibility of the welfare ideology with capitalism. I argue that the slowdown in growth is a decision made by the middle of the political spectrum. Conservative and moderate political victories of the period have not given conservatives a mandate for the dismantlement of the welfare state. At the same time, the voters have rejected the Left's extreme view of "substantive equality."

A few years ago, the welfare state seemed to enjoy robust health. Following World War II, there was a period of continuous growth in social services in Canada and Western Europe. Even in the United States, often described as a reluctant welfare state, services expanded and programs multiplied, particularly during the War on Poverty in the 1960s. During the late 1970s and 1980s, however, growth has been slowed, and some programs have been cut back, eliminated, or had their eligibility rules tightened. These effects are most evident in the United Kingdom and the United States, but they are noticeable in Canada and in Western Europe. The reductions have been attributed to the neoconservative policies of the Right.[1] While some on the extreme Right generally object to the welfare state as a matter of principle, I do not think that their opposition is the major force in slowing its expansion. The purpose of this article is to suggest an entirely different interpretation of the election of political conservatives and moderates

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in North America and Western Europe in the late 1970s and 1980s: expansion of the welfare state has encountered resistance because the middle of the political spectrum does not support it.

What Is the Welfare State?

The term "welfare state" does not mean the same thing to all who use it. There are at least three ways in which this term is used, and each has different implications for public policy.

Some years ago, Sidney Fine traced the development of what he called the "general welfare state" in the United States.[2] He described this as a state "that seeks to promote the general welfare not by rendering itself inconspicuous but by taking such positive action as is deemed necessary to improve the conditions under which its citizens live and work."[3] He made a distinction between the "general welfare state" and the "welfare state," which he said "has come to be identified in this country with Mr. Truman's Fair Deal and especially with a thoroughgoing program of social security and a firm government commitment to maintain full employment."[4] Fine's concept of the general welfare state encompasses everything that political scientists subsume under the term "positive government"—as opposed to "negative government," which was championed by Herbert Spencer in the late nineteenth century. It was Spencer's view that government should be limited to the maintenance of civil order and national defense. Anything beyond this was outside government's natural role.

The Acceptance of the General Welfare State

Although Spencer was highly regarded by many people during the latter part of the nineteenth century, few accepted the most extreme elements of his position. Even those who agreed with him in principle did not follow him in practice. Fine notes that in reality there was a "general lack of correspondence between the theory of laissez-faire and the practice of governments."[5] Positive government prevailed because there were interests to be served, and government was the obvious instrument to serve them.

In the twentieth century, there are no negative governments (in the nineteenth-century sense of noninterference) on either side of the Iron Curtain or in the Third World, for that matter. All modern nations, including those that the economists call the "less developed countries," seek to promote the general welfare, although they differ on what the general welfare may be. In the following discussion, I assume that the general welfare state, or positive government, is, in principle, not a contentious issue for anyone except the most extreme Spencerian. It is the "welfare state" not the "general welfare state" that has received the criticism.

Two Views of the Welfare State

Fine's narrower view of the welfare state—that it is identified with programs aimed at specific problems rather than the society as a whole—is the one taken by most writers in the United States. For example, in a recent book, Bruce Janssen sees the welfare state as a body of programs and laws developed over time in response to identified social problems, with the most significant developments coming since the Great Depression.[6] In this context, a welfare state is a capitalist state that devotes a portion of its gross national product, through taxation, to the solution of certain social problems without changing the basic nature of the economy. I will refer to this as the "programmatic welfare state," when appropriate, because the effort is focused through specific programs aimed at either a problem (e.g., poverty, unemployment) or set of problems faced by an identifiable group (e.g., the aged, neglected or abused children). While there is some redistribution of resources, the solution of problems appears to be the major aim.

The other definition of welfare state is associated with Richard Titmuss and his followers and has a more European flavor. According to this view, a welfare state is "a modern democratic Western state in which the power of the state is deliberately used to modify the free play of economic and political forces in order to effect a redistribution of income."[7] In such a state, there is a government-guaranteed level of income, medical care, education, housing, and personal social service that is considered a benefit of citizenship. I will refer to this view as the "redistributive welfare state" when the distinction is needed, because while it may offer benefit programs in specific areas (e.g., medical care, housing) or to specific groups of people (e.g., the aged, the unemployed) its central aim is a redistribution of wealth and income. The difference in emphasis is important to policymakers and planners, even though the two welfare states may look much the same from the consumer's point of view.

Titmuss thought in terms of a government-guaranteed *minimum* of goods and services as the goal of redistribution. His successors, as will be detailed later, have extended the notion of redistribution beyond that of minimum standards. Under the concept of distributive justice they have argued for what is usually called "substantive equality." This involves a "just" redistribution of incomes, wealth, political power, and social privilege.

Intended Beneficiaries of the Welfare State

If one is to evaluate the status of the welfare state, it is fair to ask, For whom was it designed? The easy answer, following Harold Wilensky and Charles Lebeaux, is that the welfare state is institutional, therefore it is designed for everybody. This is more rhetoric than substance

The beneficiaries of the welfare state (in either programmatic distributive form) are primarily the lower middle class and the w class. There is no evidence to suggest that the designers of the w state had the upper class or upper middle class in mind as pri beneficiaries. Although the upper classes benefit, this is a by-p of the central aim. Asa Briggs argues that the single most imp factor in providing the impetus for the welfare state was the hig of unemployment in North America and Western Europe duri Great Depression of the 1930s.[8] This tilt toward "work-connecte is confirmed by the simple observation that most programs in W Europe, the United States, and Canada are designed to maint workers' incomes when they retire, sustain their survivors whe die, or compensate workers for industrial accidents or occup diseases. Universally, the bulk of welfare state programs are org as work-related social insurances. Labor unions and labor-o political parties have been prime movers in the development grams, primarily to benefit the lower middle class and the w class.

How about the Poor?

Poverty (except poverty related to retirement, unemployment, o connected disability) has not been a major focus of the welfar By and large, the chronically poor do not receive much more att in the welfare states of Europe than they do in the United Sweden, for example, has what is called a "social welfare gran goes to people who *cannot* work. The underlying assumption welfare state is that people are gainfully employed—or ough under ordinary circumstances. Most welfare states do not hav levels of chronic poverty. The United States is different in this r but the reasons may be more social or political than economic is, persistent poverty in this country is complicated by racism, lar problems, ethnic diversity, sexism, and the lack of integration chronic poor into the working class. The only comparable sit in Europe is the regional conflict in England between the sou the north, which is based as much on social factors as it is on econ

From the Right

The Right has consistently challenged the welfare state. Its ideo objections, however, mask the pragmatic acceptance of most insurance programs. The conservative arguments against the w state are well known and do not require lengthy explication sinc is no novelty in them. A brief summary of a few important poi suffice.

First, the Right has charged that the welfare state is paternalistic and antilibertarian. Donald Richberg argued that "a comprehensive welfare state must be a police state."[9] It was his contention that any state that provides comprehensively for the welfare of its citizens must be strong enough to take resources from one and give them to the other. This supposes that the state is the best entity to judge from whom to take and to whom to give. This argument is effective only when applied to totalitarian states. It does not apply when democratic states act with the consent of the governed.

Second, the Right has argued that the welfare state simply does not work. In his controversial book *Losing Ground*, Charles Murray argued that most of the programs aimed at the poor have not only failed but have actually worsened the problems they were designed to solve.[10] Murray's target was not the core programs of the welfare state, however, but programs in law enforcement, education, and poverty assistance since 1950. Even if he is granted his points over the programs he opposes, he must be challenged for glossing over the success of the social insurance programs.

Third, the Right has argued that the welfare state costs too much given its results. Nathan Glazer examined the state of social welfare during the early years of the Reagan administration.[11] He argued that the Great Society programs, the social insurance programs, and public assistance had, prior to the Reagan administration, consumed an increasing share of the gross national product over time with disappointing results: "The programs grew, in number and scale; the problems remained."[12] This argument is popular with conservatives, but even so, Glazer admits that the social insurances are so widely accepted and so well defended politically that they are untouchable. Further, they are effective and reasonably efficient. Glazer also fails to note that the social insurances are self-financing. In the end, Glazer argues that the Reagan administration's real disapproval is centered on the Great Society programs and not on those programs that were established prior to the 1960s.

Fourth, the Right argues that the welfare state is based on a misplaced faith in "social engineering," which consists of "targeting money to deal with a complex social problem in specified ways, with an underlying assumption that Washington would know better how to deal with it than local officials."[13] The major trouble with social engineering, Glazer says, is that it is ideologically wrong in a mixed economy because it leans too far toward centralized planning. While this, too, is a popular argument among conservatives, it fails to recognize the strong role of local government in welfare states, particularly in Western Europe.

Fifth, the welfare state has lost sight of important values. While Murray casts his argument in a pragmatic framework, he also finds moral implications. The programmatic welfare state has failed, he

argues, because it has not supported central, American values. It has not strengthened the family or supported the value of work. This moral failure is echoed by Lawrence Mead, who argues that welfare programs (primarily Aid to Families with Dependent Children) have provided benefits without requiring any commitments to the obligations of citizenship (e.g., self-support when possible, political participation) from the recipients.[11] This argument fails to take into account the work-connectedness of the bulk of social welfare programs and the positive effect of the social insurances on retirees, survivors, injured workers, the unemployed, and their families. While the public assistance program has been less effective in reaching its goals, Mead, as did Murray, failed to look at the larger picture. The programs used by most North Americans and West Europeans support workers and their families fairly well.

It should be clear from the above discussion that much of the Right's opposition is not to the welfare state as such, but to programs designed to deal with the social problems attendant to chronic poverty. What must disconcert the supporters of the welfare enterprise is that a number of forceful, negative views have come from the Left and deal with issues more directly related to the social insurance programs. The arguments from the Left are more complex and will be given a more detailed treatment.

From the Left

Nearly 15 years ago, Vic George and Paul Wilding wrote an extremely thoughtful analysis of the presuppositions that underlie several competing views of social policy.[15] They devoted a chapter to an examination of the failure—"failure" is their word—of the welfare state in the United Kingdom since the war. While they claimed that some small victories had been won, their criticisms included the failure to provide an even quality of medical care throughout Britain, a persistent maldistribution of qualified, full-time teachers in the schools, an increased number of homeless people, and the lack of progress in reducing poverty. They were especially vocal in expressing their disappointment in the failure to reduce the inequalities in incomes and wealth. While George and Wilding conceded that taxation had resulted in some redistribution, they characterized it as "from the very rich to the rich." They referred to the intrafamily transfer of capital from one generation to another to avoid heavy "death duties" (i.e., inheritance taxes).

George and Wilding reviewed a number of reasons that have been traditionally offered for this failure of the welfare state. The list will sound familiar to Americans: shortage of resources; policies that, while sound in conception, were technically weak; administrative weaknesses either at the national or local level; and the lack of trained staff. George

and Wilding rejected all these reasons. The real problem, as they saw it, was the capitalist value system with its stress on self-help, freedom, individualism, competition, and achievement. In their view, the United Kingdom did not have a genuine welfare state at all, but "welfare capitalism"—something not too radically different from the programmatic welfare state in the United States.

Because of deeply entrenched "capitalist values," for example, the government had failed to put professional personnel, including social workers, where they were most needed. Instead, professionals and skilled workers were allowed to choose their work sites. Worse yet, the government allowed professionals and skilled workers who had been trained at public expense to emigrate or to work in the private sector. Further, the government had not addressed the serious inequality that occurs because of the differential rewards that resulted from a market system. By providing only minimum standards of living, the welfare state had merely been "grafted on to an economic system intrinsically hostile to the welfare ethic."[16] The solution, they said, was to get rid of the capitalist system and the values associated with it, particularly individualism and the inequalities resulting from the existing economic system.

George and Wilding argued for the acceptance of a new set of values that center on equality—not of opportunity—but of result. They expressed the view of social justice in the traditional socialist motto: from each according to his abilities, to each according to his needs. The realization of this ethic would create the socially just society "where equality is the accepted principle for the distribution of resources and where inequalities have to be justified."[17] The chief barrier to the achievement of this aim "has been that the general public has not shown much enthusiasm for substantive income equality."[18] A second barrier, but one that George and Wilding believed that reasonable people could cross, was the question of what needs were and who should define them.

And how shall the true welfare state be achieved? George and Wilding did not advocate a revolutionary solution. They said that "reform may, of necessity, have to be through a stumbling incrementalism" but that their task was to focus on the ends and not the means.

In a more recent article Esping-Andersen acknowledges that the victories of conservative governments in Britain, the United States, and Scandanavia in the early 1980s seemed to some to show a "mass renunciation of the modern welfare state. It seems an outdated and naive vision whose time has come and gone."[19] One of the problems is that liberals "have neither mounted a convincing political defense of the welfare state, nor sorted out its economic logic."[20] She argues that conservatives have a clearer view of the situation than do liberals. They correctly perceive that the welfare state erodes "traditional au-

thority and self-reliance" because the benefits of the true welfare state "cease to be defined by wage and salary earnings." Further, the burden of benefits does weaken the operation of a market system. "And it is unfortunate—and probably politically self-defeating as well—that most defenders of the welfare state continue to insist that it really does not erode private incentives, savings, authority, or efficiency. For the welfare state does indeed relax the individual's dependence on market forces. If it did not emancipate citizens from dependency on their private resources, it would hardly be worth defending."[21]

Esping-Andersen, too, stresses the notions of universalism and equality. In her view, "The state is a welfare state when it guarantees a decent standard of living to all, as a citizen's right."[22] This involves three basic principles. First, people should be entitled to a decent standard of living independent of market considerations. Second, the welfare state should operate on the principle of distributive justice, which corrects the inequalities caused by the market. Third, in the true welfare state, there is a collective responsibility for each individual. Esping-Andersen shares George and Wilding's view that what was supposed to be the redistributive welfare state is merely the capitalist programmatic welfare state. The major problem is that the welfare state's supporters have not been willing to be candid about the real implications of distributive justice and substantive equality and thus provide a clear policy alternative. Essentially, what is needed, then, is for the Left to provide a new vision of the ideal redistributive welfare state. Although Esping-Andersen does not provide a detailed course of action, she implies that this can be done through social action based on a more frank statement of aims.

Ramesh Mishra examines the rise and fall of the welfare state with more thoroughness than most.[23] In a chapter entitled "The Lost Legitimacy," Mishra discusses the development of the postwar welfare state. It is the programmatic welfare state that is the focus of his concern, although he, too, begins with the assumption that the welfare state is supposed to be redistributive.

Mishra identifies several factors that gave the welfare state its legitimacy. First, Keynesian economics provided an economic rationale for state intervention designed to "ensure a high level of economic activity and full employment." Second, Lord Beveridge's postwar report on the state of social services in Britain gave legitimacy to the incorporation of social insurance into the institutional framework of the state. Third, functionalist social theory added legitimacy by defining the welfare enterprise as a stabilizing force in the social system. Fourth, theories about the emerging industrial society (which was seen as "postcapitalist") incorporated social welfare as a social utility. Fifth, there was a widespread belief that social science had enough reliable knowledge to support social management of the economy. Sixth, the

welfare state was legitimated and supported, particularly in Western Europe, by the socialists who believed that the programmatic welfare state was a step toward egalitarian objectives.

By the end of the 1970s, says Mishra, "most of these supports had been seriously weakened."[24] The reason was the worldwide "stagflation" of the 1970s in which governments were faced with the choice of either raising taxes or cutting back on social welfare. The failure of governments to handle this crisis effectively called into question the general ability of government to manage its affairs. Also questioned were the economic and social theories that gave legitimacy to the government's management of the economy. Further, the socialists were disillusioned because the welfare state had not, in reality, redistributed income and wealth. Accordingly, they have withdrawn their support for the programmatic welfare state and taken a more hard-line stand.

Like Esping-Andersen, Mishra admits that the center of the Left has not made a systematic or substantive challenge to conservatism. Mishra does not recommend the openly socialist goals of George and Wilding or of Esping-Andersen. His remedy is for other Western countries to emulate either Austria or Sweden, which have similar, but not identical, versions of what he calls the "corporatist welfare state." In general, a corporatist welfare state requires the voluntary cooperation of capital, labor, and government to integrate social and economic objectives and programs. But Mishra is no revolutionary either, and he has no effective advice on how to sell the adoption of corporate welfare to other Western capitalist societies. He acknowledges that Austria and Sweden have the advantages of being culturally homogenous and have long traditions of labor-capitalist cooperation. His wistful hint on strategy is: "There is of course the 'science' of muddling through."[25]

In summary, the Left's criticisms of the welfare state focus on one theme: the current welfare states in Europe and North America are not really welfare states but merely social insurance or "welfare capitalist" states. They have grafted welfare onto a fundamentally incompatible economic and ideological system. They have not solved the inherent contradiction between capitalism and the true welfare ideology. The Left's critique, as does the Right's, glosses over the real successes of the social insurance programs in improving the life chances of the great mass of people in North America and Western Europe.

The Contrast between Left and Right

The ideologists of both the Left and the Right believe that the welfare state has failed on pragmatic grounds. While some individuals are better off, generally the welfare state has not solved all the problems

that it has addressed. Murray on the Right and George and Wildir on the Left suggest that, in a number of areas, things unintentional have gotten worse. It is generally agreed on the Left that there h not been any significant redistribution of income and wealth betwee rich and poor, either in North America or in Western Europe. Tl Right thinks that too much has been attempted without any corr sponding benefit to society. However, the Left and Right are n talking about the same thing. The Left is critical of the programmat welfare state because it is not redistributive. The Right is critical of limited range of programs that are not successful in solving soci problems associated with chronic poverty. Both ignore the substanti areas of achievement clearly demonstrated by the success of the soci insurance programs among their intended beneficiaries.

The other differences of opinion rest on ideological grounds. Tl Right, as expected, dwells on philosophical objections to the welfa state because that system represents an intrusion of government in economic and social life. The Left focuses on the failure of the welfa state to bring about distributive justice and social solidarity.

The solutions are predictably different. The Right has pragmatical accepted social insurance as a legitimate function of the general welfa state but beyond that has urged us to eschew social engineering term they use pejoratively) and depend on the private sector and loc government to deal with social problems (e.g., poverty, education inadequacy, and crime). The Left wants us to embrace democrat socialism, which will, through social engineering (a term that is use nonpejoratively) finally redistribute income, wealth, and social privileg as the existing welfare state has failed to do. The Left is silent on tl problem of chronic poverty, but then the welfare state as that grou knows it does not address this problem very directly.

Each side promotes a set of social values that are the antithesis the other. The Right espouses the positive Victorian values that Hir melfarb expressed as "self-control, self-help, self-reliance, and se discipline."[26] The Left promotes the values of distributive justice, su stantive equality, and collective responsibility. Both sides claim to ha the interests of the public in mind, but there seems to be little conce with what the public believes. The Left and the Right seem preoccupi with justifying their views to their own identifiable interest grou rather than convincing the other side. They are each "preaching the converted."

Discussion

Esping-Andersen provides a valuable insight through her perceptic that the political victories of conservative governments can be interprete to mean that "the voters have not only rejected flawed and expensi

programs, they have renounced the very idea of the welfare state."[27] Certainly, there has been public approval for the curtailment of expensive programs that are not perceived to be effective. It also appears that there has been a rejection of the notion of substantive equality by the voters: "The general public has not shown much enthusiasm for substantive income equality."[28]

At the same time, there has not been a wholesale dismantling of programs throughout the West. The political victories of governments on the right did not constitute mandates to eliminate the welfare state. The social insurance programs (in either European or North American form) are still intact and appear to be politically untouchable at their core. There have been cuts in some other programs, but while they have disturbed those within the welfare enterprise, there has been little public outcry of the kind that erupted when President Reagan proposed cuts in the growth of Social Security benefits.

It is entirely too easy to assume that the lack of enthusiasm for substantive equality and the failure to take to the streets to oppose program cuts is because the lower middle class and the working class have been seduced into the acceptance of "capitalist values" as some writers on the left have suggested. Seduction implies a certain amount of deceit. I suggest that most of the middle and working classes knowingly accept an economic system that offers differential rewards based on creative or productive work of some kind. This value is not limited to the West. We have seen the growth of incentives and the encouragement of small scale entrepreneurship even in the centrally managed economies of China and the Soviet Union. While this does not indicate that socialist countries will suddenly abandon all central planning and adopt western market systems on a large scale, it does suggest that the notion of differential social rewards is not a value that is limited to capitalism

The mass of people in Western Europe, the United States, and Canada accept most of the programs that they have and are willing to pay for them as long as those programs are perceived as a good value for the money and as effective and fair. The Europeans and the Canadians accept a larger role for government than do their counterparts in the United States, but this has historically been true. I suggest that the victories of conservatives and moderates in this decade in Canada, France, Sweden, the United Kingdom, and the United States (although Social Democrats have now been returned to office in France and Sweden) can be interpreted as messages from the voters about the limits of the welfare state or, using a broader focus, messages about the general conduct of government.

The welfare state was not the only issue in elections in the West during the late 1970s and 1980s. Neither Mr. Reagan nor Mrs. Thatcher's Conservatives (nor the other conservatives and moderates) were elected solely with the votes of those who were committed to a conservative

ideology. They were elected by the swing vote—the politically uncommitted middle—which is largely composed of citizens of the working and lower middle classes. Reagan's and Thatcher's opponents were seen as too extreme on a number of issues, including national defense and the general conduct of government. It is not so much that the public voted for Reagan or for Thatcher's Conservative party as much as they voted *against* what they perceived as Mondale's and Benn's programs, which included, but were not limited to, welfare issues.

The lesson seems clear. The programmatic welfare state is not terminally ill. Cost-conscious programs that produce perceivably favorable results are still acceptable. The social insurance programs are safe. Public assistance (and its European counterparts) will not be discontinued—although the emphasis on work will remain strong not because the ideologues of the Right insist on it, but because it is important to ordinary middle-class and working people. The political middle is not interested in either going back to laissez-faire or toward the governmentally managed substantive equality of the pure socialist state.

George and Wilding are partially correct. The traditions of individualism and personal liberty are strong, but not because they are entrenched in the upper classes. It is because they are highly regarded by the masses The masses also favor a balanced, mixed economy and will react when they perceive the balance to be shifting too far in either direction. There are other issues that are important in the electoral decisions of the working class (e.g., nationalism, honesty in government). It is difficult to sort the influence of these other issues, but they may confound the simplistic notion that social welfare was a basic factor in the elections of the late 1970s and the 1980s. The lesson that both supporters and opponents of the welfare state must learn is that the middle and working classes do vote for their class interests, but they do it on a pragmatic basis rather than on strict ideological lines.

Notes

1 Demetrius Iatridis, "Neoconservatism Revisited," *Social Work* 28 (March–April 1983) 101–7

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4 Ibid , pp vii–viii.

5 Ibid , p 352

6 Bruce S Jansson, *The Reluctant Welfare State* (Belmont, Calif · Wadsworth, 1988)

7 Charles Schottland, "Introduction," in *The Welfare State*, ed Schottland (New York. Harper & Row, 1967), pp 9–15, quote on p. 10.

8. Asa Briggs, "The Welfare State in Historical Perspective," in Schottland, ed , pp 25–45.

9 Donald I Richberg, "Liberalism, Paternalism, Security and the Welfare State," in Schottland, ed , pp. 184–94

10. Charles Murray, *Losing Ground* (New York: Basic, 1984).

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12. Ibid., p. 98.
13. Ibid., p. 89.
14. Lawrence Mead, *Beyond Entitlement* (New York: Free Press, 1985).
15. Vic George and Paul Wilding, *Ideology and Social Welfare* (London: Routledge & Kegan Paul, 1976). A second edition was published in 1986 which is less critical of the welfare state, but the authors' fundamental conclusion remains the same.
16. Ibid., p. 129.
17. Ibid., p. 137.
18. Ibid., p. 130.
19. Gosta Esping-Andersen, "After the Welfare State," *Public Welfare* 41 (Winter 1983): 28–34, quote on 28.
20. Ibid., p. 28.
21. Ibid., p. 30.
22. Ibid., p. 28.
23. Ramesh Mishra, *The Welfare State in Crisis* (New York: St. Martin's, 1984).
24. Ibid., p. 18.
25. Ibid., p. 178.
26. Gertrude Himmelfarb, "In Defense of the Victorians," *Wilson Quarterly* (Summer 1988), p. 99.
27. Esping-Andersen, p. 28.
28. George and Wilding (n. 15 above), p. 130.

The Legal Structure of Policy Implementation: Responsibilities of Agencies and Practitioners

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Agencies and practitioners responsible for the implementation of social policy are bound by complex legal requirements and restraints To facilitate fit between the intent of statutes and the operation of programs, practitioners should acquire a basic understanding of the legal principles that guide administrative processes in public policy implementation, especially those related to human services organizations. In the present article, the authors organize and explain aspects of administrative law important to professionals in direct service agencies

Introduction

Social policy implementation is affected by complex and often restrictive procedural requirements. These requirements are found, for the most part, in three places: the statute authorizing the agency to act in a specific policy area, the administrative procedures governing operations of the responsible agency, and the Constitution. Practitioners are ex-

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pected to perform in compliance with legal mandates in the process of policy implementation. Failure to observe the spirit and procedural requirements of the law may expose the agency to prolonged and costly litigation and consume resources intended to advance policy purposes.

This article examines legal principles and associated administrative processes that regulate public policy implementation at both state and federal levels. Although the details of operation may vary between states and the federal government, nonetheless, legal requirements have general similarities. Practitioners at different levels of responsibility in the federal, state, or local policy process have different concerns in regard to the details of authorizing statutes and administrative procedures legislation. Some indication of the differences between state and federal practices will be noted in this article as appropriate.

Legislatures provide an initial policy definition and direction in a statute, require existing agencies or new entities to implement mandates, and establish initiatives for agencies. Lawmakers primarily focus on the substantive definition of policy. Courts, on the other hand, are more involved with monitoring policy-making at the level of procedural rather than substantive compliance. Judicial activity in policy implementation has focused on agency conformity with procedural requirements imposed by law. Due process, that is, publicized and accessible procedures that protect the right of public participation and ensure against arbitrary agency enforcement, is the basis for judicial insistence on procedural correctness.

Requiring public agencies to conform to the concept of due process has resulted in the development of an area of statutory and constitutional law termed "administrative law." The growth of administrative law, and judicial involvement in monitoring agency practice, parallels the expansion of the government's role in social policy and economic regulation at all levels. The influence of the courts may be expected to increase in proportion to public participation in social problem solving.

Judicial involvement in the course of policy implementation may be a consequence of the legislative practice that defines general principles of policy direction and implementation and delegates responsibility for operations to the related agency. Differences in perception, perspective, and interests, as well as agency or group efforts to specify legislative intent, emerge under conditions of minimal statutory guidance. In addition, when legislative mandates are vague, sophisticated groups that possess special interests in public policy and the resources for sustained litigation are likely to resort to the courts to obtain definitions of policy more to their liking.

"The rise of administrative bodies has been the most significant legal trend of the last century."[1] Today a person is much more likely

to be affected by administrative law, and the rules and regulations produced by the administrative process, than by any other area of law. It is the administrative process, for example, that establishes utility rates, transportation rates, routes, schedules, safety practices, land-use decisions, housing standards, and health and welfare service delivery. The volume of administrative regulations continues to exceed that of laws at both state and federal levels, and the trend appears to be irreversible. The volume of litigation resolved through agency adjudication, moreover, may exceed that of the courts at both the state and federal levels. Public agencies now constitute major forums for public-sector lawmaking and dispute resolution.[2] Agency personnel and the public should understand the operational latitude and constraints imposed on agencies by the principles of administrative law.

Problems of Delegation of Authority to Public Agencies

Incentives for the development of administrative law are inherent in the legislative practice of delegating discretionary authority to agencies to implement policy mandates. Technically, the Constitution vests all legislative authority with Congress. Congress and state legislatures, given the growing complexity of social problems and the expertise needed to address such problems, have found it feasible in many instances to formulate only the broad outlines of a policy response and to delegate responsibility for specific policy design and implementation to agencies. Under the "delegation doctrine," Congress is permitted to grant to administrative agencies the power to make law and policy within general standards fixed by the legislature. The "delegation doctrine" acknowledges the inability—and on occasion the unwillingness—of lawmakers to engage in the technical details of specific policy design. As enunciated by the courts, this doctrine permits the legislature to establish general policy guidelines, while delegating authority to agencies to make rules and regulations, to ascertain facts, and to utilize their acknowledged expertise for program implementation. The legislature always retains final authority to reject agency interpretation of the legislative mandate through statutory modification.

The delegation doctrine raises questions of interpretation and limits that both practitioners and courts must assess. Legislatures establish administrative discretion and the latitude to exercise judgment. The courts have placed few restraints on administrative interpretation at the federal level. They have enunciated, on occasion, the judicial doctrine of "undue delegation" in order to limit excessive grants of legislative discretion to agencies; however, this doctrine has been applied in only two instances to invalidate congressional delegations of authority.[3] Since 1935 the Supreme Court has not rejected any delegation of legislative authority as excessive or as an abdication of the legislature's

basic role. There is, consequently, some doubt as to the practical importance of the doctrine of undue delegation as a basis for a challenge to agency action. Judicial inactivity with regard to the doctrine of undue delegation, however, may not be viewed as unrestricted license to agencies to interpret policy. The courts have been active in interpreting and defining legislative intent for administrators. The outcome of court action amounts to substantial de facto delegation of power via the courts to the agencies. The courts now determine legislative intent and adherence to adequate procedural safeguards. Legislative unwillingness to be specific and the reluctance of courts to challenge directly such abdication of the legislative function have resulted in an expansion of the court's role in policy interpretation.

The delegation doctrine may have somewhat greater importance at the state than at the federal level. State legislators may provide more functional guidance in basic statutory authorizations. This phenomenon appears to be linked to the fact that state legislation is often mandated to operationalize federal social programs. Many states require a legislative delegation of authority to an agency to contain adequate procedural and substantive standards. In Illinois, for example, permissible delegation requires that each law include: (*a*) a sufficient identification of the persons and activities subject to the regulation; (*b*) a sufficient identification of the harms to be addressed; and (*c*) a sufficient identification of the means or procedures to be employed.[4] In some instances, legislatures have had to develop more specific guidelines as required by courts.

Practitioners, particularly those at the higher levels of agency policymaking, face critical questions of statutory interpretation. What does the legislature intend? What limits and procedures are clearly mandated in the basic statutory authorization? What is clearly prohibited? What have the courts said? For the practitioner such guidelines may not be clearly spelled out. Ironically, minimal guidelines may maximize practitioners' policy discretion; however, they also maximize exposure to judicial interpretation when court intervention occurs. Conversely, strict application of the delegation doctrine by states, as, for example, in Illinois, may reduce the risks of litigation but may concurrently limit administrative latitude and the capacity for creativity and flexibility in the course of policy implementation.

A related issue involves the delegation of judicial authority to agencies by legislatures. Administrative agencies are unique in that they regularly engage in both lawmaking and adjudication. They interpret the law by rule making and they apply the law to individual cases, a process that is judicial in nature. Many administrative agencies are granted powers of dispute resolution, that is, judicial power. For example, state human-service agencies regularly decide disputes and assign penalties related to welfare, food stamps, or Medicaid; public employment boards

resolve cases involving unemployment compensation; and administrative boards resolve conflicts over workmen's compensation.

Generally, state courts permit delegation of judicial authority to agencies by legislatures.[5] In reviewing such delegations, however, the courts assess the adequacy of both the substantive and procedural standards established by the agency. Agency adjudications, moreover, are subject to judicial review by the courts. The format and details of agency dispute-resolution procedures are carefully monitored by the courts and provide the foundation for the major body of administrative law. Practitioners must be informed about these complex requirements to avoid exposing the agency to litigation.

Problems of Rule Making and Regulation by Public Agencies

Public agencies implement policy by rule making and by adjudication. In rule making, agencies set forth standards or policies of general applicability—specifically, practices or decisions that apply to a defined group. Rule making is prospective in application; it guides future agency action affecting a specific client group. Adjudication involves the application of policy to the facts of a specific client's case; it is usually retroactive in effect. Adjudication creates rules or policy by precedent.

In designing a service delivery agency, a policymaker must reconcile the organization's goals of rationality, efficiency, and fairness with statutory goals that are frequently vague and multifaceted. Rule making and adjudication provide the legal tools by which operational standards and procedures are enunciated and implemented by the agency. Both create the standards by which a court judges agency action. For practitioners exercising management supervision and control over the implementation of the agency's goals, rule making is the mechanism to formalize and apply policy to clients systematically. On the other hand, adjudication develops out of disputes over agency actions on a case-by-case basis. It influences policy development through the accumulation of precedents. For the practitioner this, then, poses the problem of reconciling individual case decisions with general goals and policy.

Agencies generally proceed to formalize policy implementation by both rule making and adjudication. The practitioner must know what balance, if any, between the two approaches is mandated by statute and what past agency practice has been. It is important to assess the advantages of each approach in defining an implementation and evaluation strategy best suited to policy goals.

The National Labor Relations Act, for example, imposes no specific rule-making procedures on the National Labor Relations Board (NLRB).

Consequently, the agency has had some choice in its method of policy implementation. Over the years the NLRB has developed a practice of implementing federal labor relations policy entirely by adjudication. No policy guidelines are issued prospectively to employers and unions. Instead, national labor relations policy in the hands of the NLRB has evolved on a case-by-case basis as a body of precedent or law. The benefits to an agency of policy implementation based solely upon adjudication, rather than combining rule making and adjudication, are a source of academic debate. Public agencies often have some choice as to which implementation method to employ where procedures are not specified by law. The limits of this choice for an agency are only briefly described here.

Where a statute expressly or implicitly authorizes an agency to establish rules, the agency has a mandate to engage in rule making to identify procedures by which the policy will be implemented. Most statutes, however, grant substantial discretion to practitioners in interpreting how much rule making is appropriate. The issues of interpretation for a practitioner are complex. In one case, for example, the court sustained the Federal Trade Commission's interpretation that it did have statutory rule-making authority where the statute gave the agency basic adjudicative authority. The language enabling rule making contained only the general statement that the agency could determine what was "an unfair method of competition."[6]

If it is not clear in the legislation whether the agency has the power to issue rules, the courts are willing, generally, to grant rule-making authority based on very nonspecific language. This willingness rests on the rationale that rule making provides advance notice to the public regarding what rules the agency will enforce. Prior knowledge promotes a greater degree of public compliance.

The agency that proceeds to make rules is bound by its rules. If an agency violates its own rules, the action taken is void. This applies to procedural as well as substantive rules. If the agency rules go beyond the minimum required by statute (e.g., offering more procedural protection or a narrower policy construction), the agency is required to comply with its stated rules and not simply the statutory minimum.

A series of procedural requirements accompanies agency rule making. The purpose of such requirements is to ensure that the rule is technically sound and that the agency is acting within the scope of its authority. Such procedures are not constitutionally required, but are imposed by federal and state administrative procedures acts. In addition, the rule-making procedures create an important additional opportunity for political input into agency policy-making.

Federal rule making procedures are found in the federal Administrative Procedures Act.[7] They represent the minimum requirements imposed on all federal agencies. Individual statutes may increase the

minimum in specific policy areas. The federal Administrative Procedures Act (APA) first requires agencies to publish a notice of the proposed rule in the Federal Register, a U.S. government document that periodically publishes federal rules and notice of federal rule making.[8] After notice, the agency is required to give interested persons an opportunity for public comment on the proposed rule. Comments are to be written, although there may be some opportunity for oral presentation. The logic here is one of ensuring agency consideration of all viewpoints, thereby improving the quality of rules produced. Certain areas of federal rule making are excluded from these notice and comment provisions: military or foreign affairs and matters relating to agency management, personnel, public property, loans, grants, benefits, or contracts.[9] The substantial problems created by these loopholes have had an impact on federal programs delivering benefits in the social service areas. State administrative procedure acts are less likely to exempt these last four categories of rules.

Other major categories of rules exempted from the traditional rule-making process at the federal and state levels involve those where following the procedures would be "impracticable, unnecessary or contrary to the public interest."[10] Rules in this classification are commonly devised in emergency situations when immediate agency response is required or when the publicity associated with notice and comment procedures would undermine the utility of such rules. For example, a medical emergency might involve the need for quick agency response.

Under regular rule-making procedures the agency must incorporate a concise, general statement of basic purposes in the adopted rule after consideration of the relevant material presented in the notice-and-comment phase. By setting boundaries, such a statement serves as the foundation of any later court determination as to the legality of agency action. Agencies may not engage in a post hoc rationalization as to the purpose of a rule.[11] Thirty days after adoption the rule goes into effect.[12]

These rule-making requirements constitute the minimum, termed "informal" rule-making requirements. A second type, termed "formal" rule making, is also included in both state and federal administrative procedure acts.[13] Formal rule making requires rules to be made "on the record," in a trial-type hearing where the agency has the burden of ensuring that the evidence in the record establishes the reasonableness of the rule. If "formal" rule making is mandated, the agency must conform to many of the requirements of adjudication. It is an expensive process in terms of agency resources and is designed to protect the "interests" of all affected parties. It should be noted that formal rule making is generally not required unless specified in the authorizing policy legislation.[14] The courts are somewhat reluctant to impose such

burdensome, additional procedural and social costs upon agency action unless it is mandated by the legislature.

The purpose of both formal and informal rule-making procedures is to ensure public participation in the basic decisions affecting agency procedure and policy and agency consideration of client interests in policy-making. Thus, one state requires public hearings on proposed social service rules to be advertised and held at several locations throughout the state. Attendance is substantial. Professional groups and other service agencies' personnel affected by the proposed rules are the major participants in these hearings.[15] Moreover, individuals and groups can initiate rule making by petitioning agencies to make, amend, or repeal rules under most administrative procedure acts. For example, a social workers' professional group might challenge a utility rate increase adversely affecting its clients. The agency, in its statement accompanying its final published rules must satisfy the courts that this political process was observed and show that all significant objections by the participants in these hearings were assessed by the agency.[16]

The procedural complexity of rule making, however, is accompanied by public concern over the proliferation of rule making at all levels of government. Social service delivery is perceived as hopelessly tangled in a mass of "red tape." This popular attitude has motivated both the executive and the legislative branches of government to attempt to impose controls over the rule-making process. Such efforts, however, often result in additional organizational obstacles, which the practitioner must negotiate before the proposed rule can be implemented. It is not clear whether these growing procedural layers in the rule-making process actually result in a streamlining and simplification of agency regulations.

The federal Office of Management and Budget (OMB) serves as a clearing house for all agency regulations.[17] The OMB now requires agencies to issue analyses of the financial impact of proposed regulations in certain situations and to solicit public comment on these statements. Regulations must meet cost-benefit criteria. The actual impact of such requirements on public agency operation is undetermined. While the number of agency regulations may decline in fact, the costs of generating them may increase and deflect scarce agency resources from policy delivery into procedural overhead. Moreover, this approach would appear to have only minimal effect on the problem of conflicting regulations and overlapping agency jurisdictions.

Several executive branches of state government have mechanisms by which to review all agency rules prior to adoption. The governor's staff or another formal body evaluates the legality, feasibility, or political desirability of proposed regulations. In extreme cases, the governor may rescind a rule where an agency proves unable or unwilling to

accommodate the executive's perspective. Generally, the governor attempts to induce agency adherence to his policy goals through negotiation and bargaining rather than confrontation. At the federal level, by contrast, the president has neither asserted nor been given coordinating or veto authority over agency rule making.

A second approach to delimiting the regulatory process is found in state and federal legislative efforts to impose policy control over agency rule making. State legislatures have developed a variety of devices to review agency rules by other than statutory means. The most disputed of these subjects agency rules to review and possible veto by either or both houses of the state legislature without requiring executive approval. This "legislative veto," as it is termed, over agency rules was ruled unconstitutional at the federal level in 1983.[18] Eleven states, however, still permit legislatures to monitor agency rule making in such a manner.[19] Such an approach requires that practitioners be in constant communication with the legislative committee responsible for reviewing rules.

Fifteen states rely on advisory committees of the legislature to review and recommend statutory changes in proposed agency rules.[20] These committees frequently have the authority to review all rules and to delay or suspend effective adoption dates of rules pending legislative action. Related procedures require that practitioners appear before the appropriate review committee to explain, defend, and often renegotiate the proposed rule. Although purely advisory, these committees influence rule making and constitute an additional demand on agency resources and the practitioner's time.[21] Legislative review committees in five states may lodge an objection to rules they find to be substantively or procedurally illegal.[22] If the agency does not "remedy" the alleged defect and proceeds instead to promulgate the rule, it bears the burden of proof in any subsequent litigation challenging the validity of the rule. The usual presumption of validity in court action favoring the legality of agency rules in any challenge is reversed.

Despite the procedural obstacles involved in rule making and the burdens imposed on practitioners, it can be argued that rule making as an approach to policy implementation is preferable to adjudication. Where statutes do not specify which method is to be used, practitioners retain some choice of approach. Rule making sets up general guidelines for agencies to follow, thereby enhancing the predictability of agency action for agency personnel and clients. Rule making is designed to encourage input from affected groups at the most appropriate phase in policy development. Such rules are published and readily accessible as public information to interested groups. Rules can be changed and modified incrementally through repeated rule making. Rules emerging from such a complex, negotiated process theoretically reflect a better fit between policy goals and public needs.

Reliance on adjudication as the primary method for agency policy implementation, on the other hand, also offers some benefits to the agency. These include fewer procedures and better use of the agency's resources and technical expertise in direct application to problem solving for clients. These benefits, however, have costs. First, since adjudication is limited to the particular facts of a specific case, no general public policy framework emerges from any one ruling. Rather, policies result from a series of precedents accumulated over time as specific case decisions are made. Adjudication, then, is not a systematic, rationalistic method of implementation. Next, agency case-law records are often haphazardly published and, when available, in a form comprehensible only to attorneys rather than clients and practitioners. This lack of systematic publication, dissemination, and interpretation of *adjudications* complicates the process of policy implementation. Finally, *adjudication* precludes any public consultation or interaction in the development of policy. Participation in adjudication is strictly limited to individuals or parties to the dispute. This ensures that the decision reflects a specific, not generalized, outcome.

Again, most agencies proceed to implement policy through a combination of rule making and adjudication. Practitioners usually have some latitude in deciding to what extent and by which mechanism policy guidelines will be specified. The choice has important functional implications for an agency.

Problems of Adjudication by Public Agencies

Right to a Hearing and Type of Hearing

When government takes action that defines a client's legal rights based on facts covered by the law, that individual is entitled to a hearing on those specific facts. The constitutional requirement of due process entitles a client to a hearing when challenging action by a public agency. The courts have been particularly active in this area of law over the past 2 decades in an effort to ensure agency compliance Fairness in procedures is the minimum requirement imposed upon agency action.

Such constitutional requirements pose initial questions for practitioners to resolve. Two policy decisions must be made by the agency: first, When is a hearing needed? and second, What type of hearing is required? Courts have addressed both of these questions in detail. The results, however, do not yet provide practitioners with completely clear guidelines.

When must an agency provide a hearing? Under earlier constitutional theory a public agency was required to hold a hearing only when a constitutional right was in question. If the agency conferred only a

privilege upon a client—that is, the government had an option as to whether or not to confer the benefit in the first place—then no agency hearing arising from a dispute about the privilege has been required. This distinction between rights and privileges was discarded as the basis for determining when a public agency is required to hold hearings. In *Goldberg v. Kelly*, the Supreme Court held unconstitutional as a violation of due process the denial of welfare benefits without a hearing.[23] This general rule has since been refined to require a hearing any time a public agency alters an entitlement established by law or rule. An entitlement is a legally enforceable interest in receiving a government-conferred benefit. It can be found in federal or state laws, regulations, or common practices and usage that are the equivalent of common law.[24]

Once it has been established that a hearing is necessary, the next question to be addressed is, What procedures in that hearing must be made available to the client? The authorizing statute may establish agency obligations as to what type of hearing is required. If a federal authorizing statute requires that hearings "on the record" be held, then the federal Administrative Procedures Act is triggered and its provisions regarding hearings apply. State administrative procedures frequently parallel the federal distinction between formal, or on the record, and informal requirements for hearings. If an on-the-record hearing is mandated, the full panoply of procedural rights available in a judicial forum must be allowed in the agency proceeding. Otherwise, the agency must at all times offer the constitutionally required minimum of due process as well as any protections contained in the agency's rules.[25]

When no on-the-record hearing is required, the law is far less clear about what procedures are necessary to preserve due process rights for clients. The courts continue to wrestle with what is often perceived to be the overly extensive use of judicial procedures. Before 1975, once the right to hearing was established, the hearing itself included all rights and procedures available in a regular trial in the courts.[26] The court changed course, however, in 1975, by asserting that there can be variability in the rights afforded to the individual in an administrative hearing required by law. The basic rule is now that the weight of the complainant's interest in the proceedings determines what kind of hearing the agency must provide.[27] Thus in a 10-day school suspension hearing the only rights a student has are to oral or written notice of the cause and to an opportunity to present his or her side of the story.[28] This is informal adjudication. In a hearing as to whether to grant probation to a prisoner, the prisoner has no right to confront his or her opposition but does have a limited right to call witnesses.[29] A hearing to terminate welfare benefits, in contrast, retains all recipient rights—such as rights to counsel, to compel witnesses, to

cross-examine, and to review records—available in a formal adjudication or hearing.[30] In other words, hearings may vary as to type on a scale from informal, where limited procedures and rights are available to the complainant, to formal, where all procedures and rights must be fully available. This is the legal concept of flexible due process designed to deal, in part, with the costs and inefficiencies brought on by the application of extensive judicial procedures to the administrative process. The legal requirements of flexible due process in each type of agency hearing, however, are not yet fully clarified at this time. Given these uncertainties, the practitioner may have some room for discretion as well as innovation in dealing with client complaints. The practitioner should be alert, however, to the growing body of judicial precedent that may constrain flexibility.

Rights in a "Formal" or "On-the-Record" Hearing

If the agency-authorizing statute provides for formal hearings, then practitioners must comply with a complex series of procedural requirements designed to ensure fairness when there is a dispute over agency action affecting an individual or a specific group. These requirements are set forth in the federal Administrative Procedures Act.[31] Included are provisions for: intervention by nonparties, notice and pleadings, right to counsel, qualifications and responsibilities of hearing officers, evidence and record-keeping requirements and limitations, and statements of agency findings. These requirements will be briefly discussed.

A formal agency adjudication involves a proceeding between a client and the agency. Occasionally, such a dispute has broader impact, and other groups may ask to intervene on behalf of one side or the other. For example, in a dispute between the parents of a client and a therapist at a mental health center, the local chapter of the Mental Health Association may seek to intervene on behalf of its professional member when the decision may fundamentally affect professional practice. Here, intervention may be permitted at the discretion of the agency or the court. The reason for adding participants such as a professional association to a suit is one of administrative efficiency. If the group wishing to join the dispute can show that they will be injured by the decision, then inclusion in the suit ensures the fullest consideration of all issues. The agency or court can also deny participation by such groups based on the logic that the intervenor's interests are already adequately represented.

Agencies are required to grant the client fair advance notice of a hearing date, the subject and reason for the hearing, and sufficient time for preparation. Too great a delay by agencies in holding a hearing for the client may cause difficulties, especially when denial of

benefits is at issue. Courts may find omissions or foot-dragging to be linked to arbitrary and capricious action by an agency.

If a client is compelled to appear, or is a named a party in a formal adjudication, that individual has a right to counsel.[32] The right to counsel is constitutionally, as well as statutorily, established; the courts have also required counsel in some informal hearings. When courts analyze this issue, they engage in a balancing process weighing the individual's need for counsel, given the potential detriment to the individual resulting from agency sanctions, against the burden on the agency of providing counsel. Practitioners should be aware of this balance when applying agency policy to specific clients.

Agencies must abide by a complex series of requirements in formal hearings with regard to who may investigate, preside over, and finally decide cases. The agency head, or one or more members of the agency, may perform these functions. Alternatively, an administrative law judge may assume responsibility. The issue that arises most frequently is that of bias. Where a personal benefit accrues to the decision maker as a consequence of a decision or where there is the potential for bias toward the client, a hearing officer disqualification may be expected. Normally, there is no disqualification for bias when a decision maker's viewpoint regarding policy is involved. The burden of proof, in all instances, is on the client asserting the charge of bias.

An agency must be careful to ensure that the practitioner who brings or investigates the charges against a client does not make the final decision in an adjudication. In larger public agencies, permitting the investigator to be the decision maker commonly results in the agency being reversed on appeal to a court on due process grounds. In smaller, local public agencies where informal adjudication is permitted, investigative and adjudicative functions are frequently combined. For example, the principal charging the student with disruptiveness can also suspend the student temporarily. Such combinations of investigation and adjudication processes may be allowed, but the courts are looking ever more closely at the fairness of such agency procedures.

In agency hearings, unlike court procedures, practically all evidence, except that which is illegally seized, is admissible. The test is whether it is relevant and material.[33] Similarly, if witnesses are available, every party is entitled to the right of cross-examination. Unless the authorizing statute provides otherwise, the agency must prove its case by a "preponderance" of evidence in order to prevail. That is, the evidence must favor the winner by at least 51 percent.

Formal adjudication requires that any decision made be solely "on the record." All the evidence that is submitted and the formal findings of fact and issues of law as they are decided must be put into the formal record. Proof that the decision was based on any communication of evidence not contained in the record will negate the outcome. The

record forms the only evidence for any later appeals either to the agency or to the courts. Consequently, hearing records must be carefully constructed and maintained. The records are often voluminous. Record-keeping requirements are burdensome for agency personnel.

The record must contain a statement of the agency's findings for each disputed fact. This is required by courts to ensure an adequate investigation of the dispute by the agency and to be sure that the agency structures its decision making rationally. Recorded findings help assure that agencies act within their jurisdiction. Agency findings of fact, if adequately developed, are generally sustained by the courts. If a court attempts to substitute its own findings of basic facts, it usurps the function given by law to the agency.

Court Review of Agency Action

Generally, judicial review of agency action by a court is available only after all levels of appeal within the agency have been pursued. Although the authorizing statute may attempt to preclude judicial review, the courts have not looked at such legislation favorably.[34] To obtain review of any agency action, the client must satisfy a number of legal requirements designed to sustain basic agency authority in its statutory area of expertise and to ensure the appropriateness of court intervention. These include: standing, primary jurisdiction, exhaustion of administrative remedies, and scope of review.

Standing requirements ensure that the party wishing to litigate against agency action has suffered an injury under a statute so that winning in court will remedy the wrong. These requirements are designed to deter individuals or groups with only an ideological or philosophical interest in the rule or the outcome of the hearing from litigation. The purpose here is to regulate the load of already overburdened court dockets. A challenge to an agency ruling based on one's general status as a taxpayer, consequently, is likely to fail for lack of standing; whereas a challenge by a losing party in a hearing determining the termination of welfare benefits will meet the criterion. Thus, a challenge to the substance of a properly made agency rule cannot be made until it has been applied to and injured a client willing to litigate. Only after such an injury has occurred can an injunction be issued staying further application of the rule to the client pending the outcome of litigation. In order to enjoin further application of the challenged rule to all clients, the suit must be brought as a class action. The standing requirements preclude courts from adjudicating any challenges to agency rules before actual implementation.

Primary jurisdiction involves the question of authority; that is, to which body, agency, or court must the case go first. The question arises when both a court and an agency are vested with original ju-

risdiction over a matter. There is a strong presumption of p
agency jurisdiction. A petitioner may not litigate in court u
agency has ruled. The rationale for this doctrine is found in tw
concepts: specialization of function and avoidance of contra
legal interpretations. Agencies are vested with the exercise of
istrative discretion in factual areas demanding special knowled
experience. The imposition of law by court without the benefi
considered application of agency expertise to the dispute in q
would introduce the potential for too much chaos and confl
the law. Therefore, courts usually require that issues be address
by the appropriate agency. This may even occur in an ongoi
where one particular issue among a number must be resolved
the case, as a whole, may be decided. The court commonly
the case to the agency to resolve the issue in its area of expertise
proceeding to resolve other issues in the case.

The doctrine of exhaustion of administrative remedies serves
similar function. The agency has first opportunity to address al
within its jurisdiction. The parties in the case must also avail ther
first of all administrative remedies within the agency before g
court. Once an issue is sent to an agency, all levels of appeal
that agency must be exhausted before a court will hear the d
The only major exception to this doctrine at the federal level ar
types of civil rights litigation.

The rationale for insisting that all three requirements be met
a court will review an agency decision is related to admini
efficiency and effectiveness. The objective is to strengthen the
istrative process by giving the agency the first chance to fi
correct errors. In both state and federal agencies, a client must
to procedures or policies at the appropriate point in the hea
lose the right to utilize the objection as grounds for judicial
For example, a failure to object immediately to the denial by a h
officer of the right to introduce evidence in a welfare fraud ca
result in a permanent loss of that procedural error as grou
review by a court. This ensures that the agency and client ha
maximum opportunity to resolve all differences at the lowest p
level of dispute resolution.

Once a client who is challenging agency action gets to cou
court limits the scope of judicial review to the agency's find
facts and findings of the law. The court reviews the record n
the hearing and the agency's formally stated findings of fact bu
no new evidence. However, the court will hear evidence if th
dication by the agency was informal. A court will reverse the a
findings of fact only if it concludes that the findings are "not sup
by substantial evidence based on the record as a whole."[35] This st
of review requires that the court uphold the agency unless, ba

the entire record, a reasonable person could not have found the facts as the agency did. The burden is on the client to show that the agency's findings are clearly unreasonable, given all the evidence. It is a difficult standard to meet. Again, the policy rationale for placing such a heavy burden on the client challenging a decision is protection of the administrative process. It substantiates the basic legislative delegation of fact finding and policy expertise to agencies; it allows for efficiency in the exercise of agency expertise; and it requires judicial respect for the logic of the administrative process.

If the challenge is to the agency's findings of law, however, the court may substitute its own judgment in reviewing the agency's determination. Although the courts often defer to the agency's interpretation of a statute because of its expertise in the area, the court has the primary authority and responsibility to interpret laws. Courts invalidate agency rules when an agency makes an error in law or procedure or the rule is arbitrary, capricious, or an abuse of discretion. Thus, if the challenge is to an agency's reading of the law, a court will apply anew its own analysis to the law.

Before a court reviews the final decision of an agency the criteria of standing, primary jurisdiction, and exhaustion of administrative remedies must be met. Even then the scope of judicial review is limited. The bias of this approach is heavily weighted toward sustaining agency action and maximizing opportunity for agency self-correction. It puts pressure on agencies to establish procedural safeguards at several levels in order to minimize litigation. This bias toward procedural complexity and repetitiveness, while protecting agency integrity, also diverts scarce resources of agency personnel and time into administrative overhead. Practitioners, however, who understand the need for compliance with such procedures may minimize these costs to their agency.

Problems of Information in Public Agencies

The conflict between the legitimate needs of agencies for information and an individual's right to privacy and protection from governmental intrusion constitutes another basic dilemma in many public agencies. Generally, agencies have mandates to attain certain policy ends. Consequently, the courts will infer that agencies have all incidental powers necessary to fulfill those goals, including requiring information to be gathered and records to be produced and kept.[36] The agency's general power to gather information from its clientele is limited in only a few respects. If an agency's record-keeping requirements involve noncriminal and regulatory areas of inquiry, they are allowed.

If the agency is engaged in inspections as a basic method of gathering information to ensure policy compliance, this authority must be either expressly or implicitly delegated to the agency in the authorizing statute.

Such inspection authority triggers Fourth Amendment search-and-seizure protections. The courts generally permit searches without warrants only if the agency can show both a compelling government interest and a narrow focus for the search. Such cases may involve firearms, mine inspections, and so on. Otherwise, the agency must comply with the requirements to show probable cause. The standards for issuing probable-cause warrants in noncriminal areas are minimal. The agency must show only that there is a systematic pattern of inspection related to the broad regulatory purpose of the agency. Ironically, the Supreme Court has allowed warrantless searches in the form of home visitation by welfare caseworkers as not violating the Fourth Amendment and as not requiring compliance with minimal probable-cause criteria.[37] The court reasoned that welfare recipients might be considered to have accepted such inspections in order to receive benefits.

Subpoenas are a more formal agency mechanism to compel disclosures of information. An agency may not issue a subpoena unless its statutory authorization specifically empowers it to do so. Once issued, the agency has no direct authority to enforce its subpoena. It must go to court to seek an injunction compelling compliance. Failure to comply then becomes contempt of court. An agency with subpoena power must issue subpoenas in compliance with some minimal standards. Subpoenas may only be issued for a lawfully authorized purpose. The agency's demand for information must be reasonable, although the courts have been quite generous in allowing requests for information.

Citizens also have some rights to information held by public agencies. Public-records laws at the federal and state levels require practitioners to grant individuals broad access to agency information. The rationale of such laws is that disclosure keeps agencies honest, deters public misconduct, helps the individuals defend against agency action, and furthers responsive public debate and policy-making. Generally, public-records laws define categories of public and private, or closed, records and establish procedures for agencies to follow in ensuring that individuals can obtain desired information.

Public agencies are further constrained by open meetings or "sunshine" laws.[38] Generally, such laws cover agency decision making where independent political responsibility is vested in boards or commissions. In these "quasi"-independent agencies, sunshine laws will apply.

Conclusions

The body of administrative law has developed in proportion to the proliferation of both public functions and the agencies designated to perform them. The procedural details of this body of law are expanding in number and in scope, as public agencies assume responsibility for administering ever more complex social policy mandates. In the legal

literature, the view is often expressed that "procedure spells much of the difference between rule by law and rule by whim or caprice."[39] The issue posed by the growth in administrative law and procedure is the trade-off between costs in terms of procedures imposed upon an agency and costs in terms of loss of individual rights and protection. A balance is sought between the need for efficient and productive government and the need to insure against illegal, overreaching, or unwise agency action. Administrative law is designed to balance compliance with statutory intent and procedural protections against the practical requirements of translating policy into results for people. It protects both administrators and recipients of public policy benefits. Practitioner awareness of this area of law will facilitate policy implementation where there is "goodness of fit" between original public intent and outcomes.

Notes

The cases cited in this article are the key decisions in each area of administrative law discussed. Although the citation may be from an old case, it is from the fundamental decision establishing current precedent or reasoning on the topic. More recent decisions only confirm and expand on the initial case law cited. Since this article provides an overview of an area of law to practitioners, detailed discussion of the many recent applications of original case law to the many varied fact patterns in administrative law might confuse rather than clarify the basic concepts being communicated. Consequently, case citations are kept to a minimum.

1. F.T.C. v. Ruberoid Co., 343 U.S. 470 (1952) (dissenting opinion written by Justice Jackson).
2. For a more detailed, if somewhat dated discussion, see Kenneth Culp Davis, *Administrative Law and Government* (St. Paul, Minn.: West Publishing, 1960). James O. Freedman in *Crisis and Legitimacy: The Administrative Process and American Government* (Cambridge: Cambridge University Press, 1978) presents an excellent general discussion of the problems of defining an appropriate role for agencies in the policy-making processes of government. Freedman's bibliography on the topic is very useful. An excellent case-study approach to the same problem can be found in Jerry L. Mashaw, *Bureaucratic Justice: Managing Social Security Disability Claims* (New Haven, Conn.: Yale University Press, 1983).
3. Panama Refining Co. v. Ryan, 293 U.S. 388 (1935); Schechter Poultry Corp. v. U.S., 295 U.S. 495 (1935).
4. Illinois Revised Statutes, chap. 127, sec. 1004.02 (1981).
5. New Mexico is an exception.
6. National Petroleum Refiners v. FTC, 482 F.2d 672 (D.C. Cir. 1973) (cert. denied).
7. Administrative Procedure Act, 5 U.S.C., secs. 551–58 (hereafter referred to as 5 U.S.C.).
8. 5 U.S.C., sec. 553(d).
9. 5 U.S.C., sec. 553(a), 1 and 2.
10. 5 U.S.C., sec. 553(b), 3b.
11. 5 U.S.C., sec. 553(d).
12. Ibid.
13. 5 U.S.C., sec. 553, referring also to secs. 556 and 557.
14. Vermont Yankee Nuclear Power Corp. v. Natural Resources Defense Council, 435 U.S. 519 (1978).
15. This was a finding in the study of administrative rule making by Lelia B. Helms, "Legislative Review of Rules: An Evaluation and Assessment of Iowa's Expertise" (unpublished manuscript, University of Iowa, Iowa City, March 1986).

16 United States v Nova Scotia Food Products Corporation, 568 F2d 240 (
1977)

17 This change was ordered by President Reagan in Executive Order 12291
effort to limit the number of federal regulations

18 Immigration & Naturalization Service v Jagdish Rai Chadha, 51 LW 4915 (

19 These states include Connecticut, Idaho, Illinois, Kansas, Louisiana, Mic
Montana, Nevada, Ohio, and Virgina All require review by both legislative chai
Oklahoma *permits review by only one*

20 These states include Arkansas, Colorado, Florida, Georgia, Hawaii, Maine,
land, Missouri, New York, Oregon, South Carolina, Texas, Washington, West Vi
and Wyoming

21 Helms The analysis by Helms draws heavily upon the work of Alan Lev
"Legislative and Executive Veto of Rules of Administrative Agencies Models ai
ternatives," *William and Mary Law Review* 27 (1982) 79

22 These states include Iowa, Montana, North Carolina, North Dakota, and Vei

23 Goldberg v. Kelly, 397 U S 254 (1970)

24 As examples, the Court held in Board of Regents v Roth, 408 U S 564 (
that Roth, an untenured professor employed on a yearly contract basis, had nc
to a hearing on his nonrenewal, since he had no entitlement to anything more
employment for 1 year In Goss v Lopez, 419 U S 565 (1975) the Supreme
required school authorities to conduct a hearing prior to issuing a 10-day suspe
to a student for disruptive behavior State law mandating school attendance
persons under 16 years of age created the basis for the entitlement in this case

25 Goss v Lopez, 419 U S 565 (1975)

26 Wong Yang Sung v McGrath, 339 U S 33 (1950)

27 Mathews v. Eldridge, 424 U S 319 (1976)

28 Goss v Lopez, 419 U S 565 (1975)

29 Wolff v McDonell, 418 U S 539 (1974)

30 Goldberg v Kelly, 397 U S 254 (1970).

31 5 U S C , secs 554, 555, and 556

32 5 U S C , sec 555(b).

33 5 U S C , sec 556(d)

34 Johnson v Robison, 415 U S 361 (1974)

35 5 U S C , sec 706 (2) F

36 Shapiro v United States, 335 U S 1 (1948)

37 Wyman v James, 400 U S 309 (1971)

38 5 U.S C , sec 552

39 Joint Anti-Fascist Refugee Committee v McGrath, 341 U S 123, 179 (
(concurring opinion written by Justice Jackson)

Racial and Ethnic Inequality in Earnings and Educational Attainment

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Changes in racial and ethnic inequality over the period from 1960 to 1980 are examined by looking at changes in earnings and educational attainment among American Indian, Asian, black, Hispanic, and white men and women who were born in the United States. The results indicate that the earnings (adjusted for inflation) of all men and women rose dramatically between 1959 and 1969, but not between 1969 and 1979. Racial and ethnic differences in educational attainment declined, but they continued to be associated with racial and ethnic differences in earnings. These differences in earnings remain after adjusting for the effects of other variables. The implications of these findings for public policy and research are discussed.

In its well-known report issued in 1968, the Kerner Commission concluded that "our nation is moving toward two societies, one black, one white—separate and unequal."[1] This statement and the tone of the report implied that not only were blacks and whites unequal, but conditions were deteriorating. After a recent conference on "The Kerner Report Twenty Years Later," former Senator Fred R. Harris and former Johnson administration official Roger Wilkins issued a summary document that stated, "The Kerner Report is coming true: America is again becoming two societies, one black (and, today, we can add Hispanic), one white—separate and unequal."[2]

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Not all observers share this pessimistic view. Based on an analysis of data collected by the United States Bureau of the Census for the 1940–80 period, Smith and Welch found: "The extent of the improvement in the relative economic status of blacks over the last forty years is obviously impressive. This improvement is largely an untold story, belying the widely held view that the relative economic position of blacks in America has been stagnant. However, one must remember that even in 1980, black male incomes still significantly lagged behind those of whites."[3]

One reason for these different assessments is that both the original Kerner Commission and Harris and Wilkins focused on the minority population of central cities, whereas Smith and Welch focused on the national black population. Most observers agree that conditions among minority group members in the central cities have deteriorated, but there continues to be a good deal of disagreement about the general situation of minority group members relative to whites in contemporary American society. A review of other work on this general problem suggests that the actual situation is very complex and that there is a great deal we do not know about the effects of race on one's chances for success in American society. Most work has concentrated on differences between black and white males. Research indicates that the earnings of employed black and white men have been converging at least since 1940, whereas the gap between the employment rates of blacks and whites has been widening.[4] In addition, the black middle class is growing, but there is also a group of inner-city blacks (characterized by some as an underclass) who seem to be mired in unemployment, poverty, and a low quality of life.[5] Conventional sociological and economic theories have difficulty accounting for the convergence in earnings, the divergence in employment, and the persistence of extreme poverty among some blacks.

Very little research has been done on minority groups other than black men. Although Hirschman and his colleagues have examined the economic situation of Asians,[6] Sandefur and Scott have examined the situation of American Indians,[7] and Tienda and her colleagues have examined different Hispanic groups,[8] few other attempts have been made to compare the experiences of minority groups. The concern with blacks is valid, given their status as the largest minority group in the United States. This research, however, does not tell us very much about the changing effects of race and ethnicity for other groups.

In this article we take an explicitly comparative perspective by examining the earnings of minorities born in the United States. We look at racial minority groups (e.g., blacks) and ethnic minority groups (i.e., those distinguished from the white majority by language or other cultural differences). Although racial and ethnic differences in earnings are not the only feature of inequality, earnings form the major com-

ponent of income for all groups in the United States.[9] We include American Indian, Asian, black, Hispanic, and white men and women in 1960, 1970, and 1980. We build on prior work by (1) including American Indians; (2) including women; and (3) examining a longer historical period. Our major research questions are straightforward: To what extent has the impact of race and ethnicity on earnings changed over time? What are the implications of these changes for social policies designed to address racial inequality?

Declining Racial Differences: Theories, Policies, and Evidence

The prediction that the significance of race and ethnicity would decline as American society developed is firmly rooted in several social science traditions. In his analysis of Western civilization and the development of capitalism, Weber observed that traditional criteria for the distribution of positions and rewards were being replaced with rational or legal criteria, and he predicted that the rationalization of society would proceed into the future.[10] Although lineage, family, skin color, and ethnicity might have been widely used criteria in the past for choosing employees and allocating rewards, Weber argued that they would gradually diminish in importance to be replaced by an emphasis on performance-related criteria. In his analysis of stratification systems, Parsons characterized American society as one which valued performance.[11] This led to an emphasis on universalistic as opposed to particularistic criteria in the distribution of rewards. Parsons characterized race and ethnicity as particularistic criteria and performance-related factors, such as education and ability, as universalistic criteria.

Park argued that the spread of Western-style economies and culture had led to contact between racial and ethnic groups.[12] He argued that over time these groups would go through a cycle of contact, competition and conflict, accommodation, and assimilation. Assimilation would be facilitated by the increasing irrelevance of racial and ethnic criteria in modern industrial economies, and by the changing attitudes, values, and behavior patterns of both the majority group and minority groups. Minority groups would accept and modify major societal institutions and values, and the majority group would gradually accept minority group members as full participants in society. Class would replace race as the fundamental basis for political and economic conflict in society.

Many of Weber's, Parsons's, and Park's predictions seem to be coming true. Research on trends in racial prejudice shows that the level of prejudice directed at blacks and other minority groups has declined considerably over the past half century.[13] Further, the major political action groups representing the interests of minorities (e.g., the National Association for the Advancement of Colored People, the Urban League,

and the National Congress of American Indians) have emphasized the need to work within the American political system. These organizations and most members of minority groups seem to define success in the same way that it is defined by members of the majority group. There has been a convergence in the attitudes, values, and behavior patterns of majority and minority groups, and an increasing acceptance by all groups that they are members of one society.

Public policy has played an important role in changing the way in which minority group members are treated in American society. Beginning with the 1954 Supreme Court decision on school desegregation, the three branches of the federal government have generally pursued courses of action (with a great deal of debate and some reversals) that have opened previously unavailable opportunities to people of color. The Civil Rights Act, the Fair Housing Act, and the Voting Rights Act, all of the 1960s, established a legislative foundation for fairer treatment of blacks and other minorities. This and other legislation led to a number of federal initiatives in education and employment. During the 1960s the federal government expanded its financial support for education at all levels, including compensatory programs such as Head Start, which was designed to assist disadvantaged students in beginning the education process. The late 1960s and early 1970s saw the development of public service employment jobs (i.e., jobs created in the public sector) and job training programs that provided opportunities for disadvantaged individuals to obtain employment and skills. The institutionalization of Affirmative Action and the general support of its principles by the U.S. Supreme Court led to the expansion of black and other minority employment in jobs, firms, and industries to which they had previously had little or no access.[11]

Research has uncovered what appears to be a fairly consistent pattern of declining racial differences in socioeconomic outcomes that accompany these changes in public attitudes and public policy. The title of the report by Smith and Welch, *Closing the Gap: Forty Years of Economic Progress for Blacks*, reflects their judgment that blacks made significant gains relative to whites during the period 1940–80. Hirschman and Wong found that the effects of race and ethnicity on earnings declined for black, Hispanic, and Asian men (with the exception of Chinese men) between 1960 and 1976.[15] Tienda, Smith, and Ortiz examined some of the factors involved in the improved labor-market performance of different groups of minority women and concluded that in 1979 Hispanic women earned as much as white women with similar characteristics, whereas black women averaged slightly higher earnings than their white equivalents.[16] Consequently, a body of evidence suggests that the importance of race and ethnicity as determinants of socioeconomic outcomes has declined over time.

Other evidence indicates, however, that the picture of steady progress is inaccurate. Butler and Heckman suggested that some of the improvement in the relative earnings of blacks reflects an exodus of low-wage blacks from the labor force.[17] Mare and Winship, in an effort to explain the "paradox" of decreasing inequality in education and earnings among black and white youth accompanied by increasing inequality in employment rates, argued that educational opportunities for black youth have grown. This has led to increased school enrollment and educational attainment among blacks, but "disadvantaged" black youth who have not taken advantage of these opportunities continue to face a great deal of difficulty finding jobs.[18] Freeman and Holzer argue that jobs are available for inner-city black youth, but they are jobs that pay less than those available to white youth. They suggest that "black youth clearly want to work, but only at jobs and with wages that are comparable to those received by their white counterparts."[19]

The growing recognition that some people are being "left behind" and the accumulating evidence that these people may be geographically concentrated in the central cities led to the current focus on what many refer to as the urban underclass. There is, however, need for a careful assessment of the progress of groups in general, including the subgroups that may have been "left behind."

Minority Groups and Earnings: Research Questions

One important purpose of an exploration of the economic progress of minority groups is to examine the differences in their recent experiences. The public policy debate about minority issues is often rooted in our understanding of what has happened to blacks since the major civil rights and antipoverty initiatives of the early 1960s. This focus on black historical experiences may be inappropriate if the experiences of other minority groups are significantly different. One reason that these experiences may have been quite different is that the histories of the major racial and ethnic minority groups in the United States place the groups in somewhat different social and economic positions at the beginning of the 1960s. For example, although Asians had experienced a great deal of discrimination during the late 1800s and early 1900s, and the Japanese had been victimized during the 1940s, by 1960, Asians born in this country had, on average, more years of education than whites. Asians were also proportionately over-represented in professional and technical fields and occupations: 13.6 percent of Japanese and 17.9 percent of Chinese were in professional occupations in 1960 compared to 11.8 percent of whites.[20]

Black Americans, on the other hand, were more likely than Asians or whites to be in low-skilled occupations. Although the migration of

blacks from agricultural areas to industrial areas had been in progress for some time, blacks were still somewhat overrepresented in agricultural jobs (9.1% compared to 6.4% of whites in 1960). They were also overrepresented in low-wage jobs in other industries, and black women were disproportionately represented in domestic work.[21]

But blacks were not the only group in a precarious position in 1960. A considerably higher proportion of Hispanics than blacks were in agricultural jobs; agricultural employment was especially prevalent among Mexican-Americans in the Southwest and West. Puerto Ricans, who in 1960 lived predominantly in the urban Northeast, were disproportionately represented in low-wage industrial jobs.[22] In 1960 American Indians had the highest level of unemployment of any group (15% for Indian men over age 14 compared to 8.9% for black men over age 14). Among those who were employed, 17.6 percent were in agricultural jobs.[23] American Indians and Hispanics were, however, more likely than blacks to live in the western United States, a region that experienced considerable population and economic growth after 1960, and they were less likely than blacks to live in the urban areas of the Northeast (with the exception of Puerto Ricans) and Midwest, areas that had serious economic problems, especially during the 1970s.[21]

A second purpose of examining the evidence on general racial and ethnic differences is that this evidence may suggest what future steps are likely to be most effective in achieving further reductions in inequality. We assess two policy issues: the connection between education and earnings for minority group members and the impact on earnings of belonging to a minority group. Because the census microdata samples used in this article contain information on educational attainment, it is possible to examine racial and ethnic inequality in educational attainment and how this inequality has changed over the 1960–80 period. These data can tell us what groups have approached educational equality with whites and what gaps persist. For example, we can learn what differences in high school graduation rates persist and if gaps in college graduation rates have narrowed. Further, the evidence can show to what extent educational differences continue to play a role in producing differences in earnings. Such information can tell us where to focus policy initiatives if our goal is to achieve parity in educational attainment as a means of achieving equality in economic outcomes.

We assess, as well, the extent to which the effects of race and ethnicity on earnings have diminished over time, after adjusting for the effects of education and other variables. Although such evidence does not explain any changes in the earnings of minority groups, it does provide one indicator of the value of current policies, which require employers to incorporate affirmative action principles in hiring and promotion decisions.

Data and Method

Data

The data used in these analyses come from the 1960, 1970, and 1980 Public Use Microdata Samples prepared by the U.S. Bureau of the Census. These data contain various individual and household information. We examined individuals aged 25–54 who were born in the United States. Individuals in this age range are sometimes referred to as the "prime-aged labor force," since they have probably completed their education and are unlikely to be voluntarily retired.

Examining trends among native-born, non-Hispanic whites and blacks is fairly straightforward, since the definition used by the Bureau of the Census has been consistent over the 1960–80 period. Examining trends among Asians and Hispanics is somewhat more complicated because of changes in the criteria used by the Bureau of the Census to identify these groups. We have taken a number of steps in this article to improve comparability during the period under study.[25]

Examining trends over time in the American Indian population presents different problems. Although the criteria used to define the Indian population have been consistent over the 1960–80 period, the Bureau of the Census improved its ability to locate and enumerate Indians between 1960 and 1980, and a sizable number of individuals changed their self-identified race from non-Indian to Indian. The Indian population in 1970 includes a substantial number of individuals who were missed in 1960 or changed their racial identity between 1960 and 1970, and the population in 1980 contains a substantial number who were missed in 1970 or changed their racial identity between 1970 and 1980.[26]

Method

Our analysis of the effects of race and ethnicity on earnings uses a model similar to that of Hirschman and Wong.[27] This model is displayed in figure 1; the measures of the variables are described in table 1. Our approach differs from that of Hirschman and Wong in three major ways: (1) we confine our attention to individuals born in the United States; (2) we add two additional independent variables (marital status and children); and (3) we exclude occupation, industry, and labor supply from the set of independent variables.

The reason we confine our attention to the native born is that they have been exposed for their entire lives to American society. Immigrants, on the other hand, vary a great deal in their preparation for participation in American society and the American labor force. Including immigrants
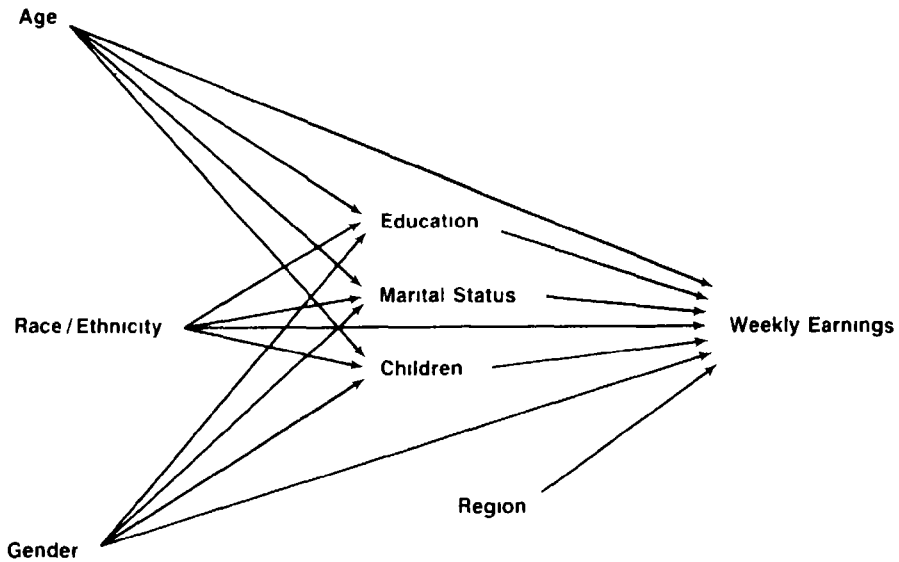
FIG. 1.—Model of racial inequality. This figure is a modification of one appearing in Charles Hirschman and Morrison G. Wong, "Socioeconomic Gains of Asian Americans, Blacks, and Hispanics: 1960–1976," *American Journal of Sociology* 90 (1984): 584–607.

and natives in the same analysis may be misleading if the labor-market processes involving immigrants are significantly different from those involving natives.[28] We have added marital status and children to the model because these are important determinants of labor-force participation for both men and women and have independent effects on earnings. We exclude industry, occupation, and labor supply from the list of independent variables because labor supply is affected by earnings and is a determinant of earnings, and industry and occupation are measured at the time the census is taken, but "earnings" refers to the previous year.[29] We cannot, therefore, be certain that an individual's occupation and industry given in the census are the same as his or her occupation and industry during the previous year.

Results

Trends in Earnings and Employment

Table 2 contains the average yearly and weekly earnings for native-born men and women; the last three columns show weekly minority group earnings as a proportion of white male earnings.[30] The trends for black and white men are consistent with those found in previous research: the yearly and weekly earnings of both groups increased considerably during the 1960s, a period of economic health and growth.[31] The earnings of black men increased less during the 1970s,

while the yearly earnings of white men actually declined. This led to black male gains relative to white men during both the 1960s and 1970s. However, a substantial gap remained. In 1979, black male weekly earnings were only 75 percent of those of white men.[32] Although white women did not gain relative to white men over the 1959–79 period, black women did. In 1979, the weekly earnings of black women were higher than those for white women, but only 53 percent of those for white men.

The weekly earnings of Asian men and women increased substantially during the 1960s but very little during the 1970s. During the 1960s, weekly earnings of Asian men grew to 98 percent of those of white men, whereas earnings of Asian women grew to 62 percent of those of white men. The earnings of Asian women were considerably higher than those of white women. Asian women made little progress relative to white men during the 1970s, but they continued to receive substantially higher wages than any other minority women.

Table 1

VARIABLES AND MEASURES

Variable	Measure
Yearly earnings*	Earnings from wage or salary in 1979 dollars (1959 earnings were multiplied by 2.49 and 1969 earnings were multiplied by 1.98)
Weekly earnings	Yearly earnings in 1979 dollars/weeks worked
Weeks worked†	No. of weeks worked
Age	Age in years
Education	Years of completed schooling
Race	Asian, non-Hispanic black; Hispanic, non-Hispanic Indian, non-Hispanic white
Marital status	Married, widowed, divorced, separated, never married
Ages of children	No children, at least one child under 6, but no children over 5 (CHLT6), at least one child under 6 and one child 6–17 (CH0–17), at least one child 6–17, but no child under 6 (CH6–17)
Region‡	South, Northeast, Midwest, and West as defined by U.S. Bureau of the Census

* In 1960 and 1970, earnings are coded in categories. We recoded earnings to the midpoint of each category. Individuals in the top categories in each year were assigned the cut-off point for that category ($25,000 in 1960, $50,000 in 1970, and $75,000 in 1980).

† In 1960 and 1970, weeks worked are coded in categories. We recoded weeks worked to the midpoint of each category.

‡ The South includes Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. The Northeast includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. The Midwest (also known as North Central) includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. The West includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Table 2

EARNINGS OF NATIVE-BORN MEN AND WOMEN, AGED 25–54, BY RACE/ETHNICITY IN 1959, 1969, AND 1979

RACE/ETHNICITY	MEAN YEARLY EARNINGS IN THOUSANDS OF 1979 DOLLARS			MEAN WEEKLY EARNINGS IN HUNDREDS OF 1979 DOLLARS			WEEKLY EARNINGS AS A PROPORTION OF WHITE MALE EARNINGS		
	1959	1969	1979	1959	1969	1979	1959	1969	1979
A Men									
Asian	12.9	18.5	18.8	2.68	3.80	3.89	92	98	99
Black	7.7	11.6	13.1	1.77	2.51	2.94	61	65	75
Hispanic	9.7	14.5	14.1	2.13	3.06	3.08	73	79	79
Indian	6.8	11.0	13.6	1.83	2.63	3.31	63	68	84
White	13.9	19.0	18.6	2.92	3.89	3.92			
B Women:									
Asian	6.6	10.4	11.2	1.60	2.40	2.47	55	62	63
Black	3.7	6.6	8.8	1.01	1.70	2.08	35	44	53
Hispanic	4.8	6.9	7.8	1.37	1.83	1.94	47	47	49
Indian	3.9	6.5	7.4	1.42	1.87	1.96	49	48	50
White	6.1	7.8	8.4	1.59	1.98	1.97	54	51	50

SOURCE.—Computations use the 1960, 1970, and 1980 Public Use Microdata Samples.
NOTE.—The means were computed using only those individuals with positive earnings.

The weekly earnings of Hispanic men increased from 73 percent of those of white men in 1959 to 79 percent in 1969, but they made no progress relative to white men during the 1970s. Hispanic women experienced little progress relative to white men. The figures for Hispanics (see table 2) disguise the diversity in the Hispanic population. Among full-time, full-year workers in 1979, for example, the earnings of Puerto Rican men were 78 percent of the earnings for men of Mexican extraction.[33]

The earnings of American Indian men increased dramatically during both the 1960s and the 1970s. The earnings of American Indian women increased during both decades as well. Unfortunately, it is not possible to know how much of this improvement is due to more prosperous individuals choosing to identify themselves as Indians. Analyses of subsections of the American Indian population show that American Indians who live in traditional Indian areas and those who live on reservations were more likely to be poor than Indians who live in other areas.[34] To the extent that improvement has taken place, it has been most dramatic among Indians who live outside traditional Indian areas.

The evidence on earnings in table 2 suggests that all groups made substantial gains during the 1960s, but that gains were much more limited during the 1970s. If the gains reflected in table 2 were accompanied by the withdrawal of some minority group members from the labor force the figures would be less impressive. Table 3 provides a breakdown of weeks worked during 1959, 1969, and 1979.

Among men, there was little change in the proportion who did not work between 1959 and 1969, and for Asians, no change in the proportion who worked full year. For blacks, Hispanics, American Indians, and whites, on the other hand, there was a significant shift from part-year to full-year work between 1959 and 1969. Among black men, for example, the proportion who worked part year dropped from .32 in 1959 to .20 in 1969, while the proportion who worked full year increased from .62 in 1959 to .72 in 1969. These trends led to a decline in racial differences in full-year employment between 1959 and 1969. The gap between whites and blacks, for example, narrowed from 18 percentage points to 13 percentage points; the gap between whites and Hispanics narrowed from 11 to 8 percentage points. Consequently, the 1960s appear to have been a period of movement toward racial equality in both earnings and employment among men.

Between 1969 and 1979, the proportion of men who did not work or who worked part year increased, whereas the proportion who worked full year dropped. This decrease in full-year work occurred among all groups with the exception of American Indian men, who experienced a small gain. Racial differences in full-year employment widened to 16 percentage points between blacks and whites, and 11 percentage points between whites and Hispanics. Also, racial differences in the

Table 3

Weeks Worked by Native-born Men and Women, Aged 25–54 by Race/Ethnicity in 1959, 1969, and 1979 (Proportion of Racial/Ethnic Group in Category)

Race/Ethnicity	1959			1969			1979		
	None	1–47	48+	None	1–47	48+	None	1–47	48+
A. Men									
Asian	.02	13	85	03	12	.85	05	.15	80
Black	.07	32	62	08	20	72	14	22	63
Hispanic	05	26	69	05	18	77	11	20	68
Indian	12	44	45	09	33	57	12	29	59
White	02	18	80	03	12	85	05	.16	79
B. Women									
Asian	37	25	38	30	21	49	21	23	57
Black	39	.32	.29	35	28	37	31	25	44
Hispanic	58	22	19	51	24	25	43	24	33
Indian	64	23	14	52	25	23	36	.29	35
White	54	22	24	44	25	31	32	27	42

Source.—Computations use the 1960, 1970, and 1980 Public Use Microdata Samples

proportion who did not work, which remained constant between 1959 and 1969, increased dramatically between 1969 and 1979. American Indian men are an exception to these patterns. Their level of full-year employment did not deteriorate between 1969 and 1979. Yet they remained the least likely group of men to be working full year in 1979. Considered together, the results in tables 2 and 3 suggest that racial inequality declined much more during the 1960s than during the 1970s.

Among women, the proportion who did not work decreased steadily over the 1959–79 period. This has been matched by a steady increase in full-year employment among all groups of women and an increase in part-year employment among American Indian and white women. All groups of women have narrowed the gap in employment between themselves and white men during the 1959–79 period.

A number of reasons have been suggested for these different trends among men and women. Parsons argued that the increase in the availability of nonwage income (e.g., disability payments through Social Security, Supplemental Security Income, and general relief) has induced marginal and low-paid men to withdraw from the labor force.[35] Others have suggested that the economic troubles that characterized almost the entire period from 1969 through 1979 were at least partially responsible for declines in the labor force participation of men. The general increase in the participation of women over this period has been attributed to the influence and strength of the women's movement and to the attempts of couples to maintain their living standards in the face of steep inflation.

How Important Is Education in Accounting for Racial and Ethnic Differences in Earnings?

The figures in tables 2 and 3 reveal the trends in earnings and employment during the 1960s and 1970s, but they do not indicate the role of education in these trends or the effects of race and ethnicity after adjusting for other factors. Table 4 gives some basic descriptive information on the educational characteristics of the racial and ethnic groups: mean years of education, the percentage of each group who were high school graduates, and the percentage of each group who were college graduates.[36] These statistics indicate that the educational credentials of the prime-aged labor force in each racial, ethnic, and gender group have improved consistently over the 1960–80 period.

There are, however, some persisting group differences. The mean years of education for native-born Asian men and women have been higher than those for white men at least since 1960. The disparity in mean years of education has narrowed between whites and non-Asian minority groups, but there has not been a narrowing in the gap between

Table 4

EDUCATIONAL CHARACTERISTICS OF NATIVE-BORN MEN AND WOMEN, AGED 25–54, BY RACE/ETHNICITY IN 1960, 1970, AND 1980

RACE/ETHNICITY	MEAN YEARS			% HIGH SCHOOL GRADUATES			% COLLEGE GRADUATES		
	1960	1970	1980	1960	1970	1980	1960	1970	1980
A. Men.									
Asian	11.8	12.7	14.2	68.0	79.5	91.9	16.9	22.0	38.7
Black	8.0	9.6	11.5	22.3	37.8	62.7	3.3	4.8	9.8
Hispanic	8.0	9.9	11.0	24.6	44.5	57.8	4.0	8.6	11.2
Indian	7.7	9.4	11.5	22.4	37.5	65.5	2.6	4.7	10.0
White	11.0	11.9	13.1	52.1	66.2	81.0	12.5	17.7	25.5
B Women:									
Asian	11.2	12.3	13.7	65.4	79.5	91.1	8.7	16.0	32.0
Black	8.7	10.1	11.6	26.4	40.3	63.6	3.8	5.2	9.5
Hispanic	7.7	9.3	10.6	23.2	40.0	54.5	2.1	4.5	6.8
Indian	7.7	9.2	11.2	22.9	36.4	61.8	1.5	2.9	6.8
White	11.0	11.7	12.6	55.7	67.8	81.9	7.0	9.9	16.9

SOURCE.—Computations use the 1960, 1970, and 1980 Public Use Microdata Samples

Asians and other groups. Although differences in the percentages of each group who have finished high school have decreased over time, the differences in the percentages who have finished college, between Asians and the other groups and between whites and non-Asian minority groups, have remained quite large. These education differences are distressing, especially when viewed in light of recent evidence that indicates a divergence in the percentage of black and white high school graduates who go on to college.[37] Unfortunately, there is no current research on the college attendance of recent Hispanic, Asian, and American Indian high school graduates.[38]

The convergence in the average years of education across groups may help account for the convergence in earnings, but the gap between the percentages in college graduates may have helped maintain racial inequality in earnings. To examine the effects of education on racial differences in earnings, we estimated regression equations for each group in each of the years under study. The dependent variable was log of weekly earnings, and the independent variables were those in figure 1 and table 1. We then followed standard regression decomposition procedures to determine the effects of different educational levels on white/minority group differences in earnings.[39] These effects are displayed in table 5. The results for black men show that in 1959 their weekly earnings would have increased by 17 percent if they had the same educational characteristics as white men. In 1979, their wages would have increased by 10 percent if they had the same educational characteristics as white men. Although it is inappropriate to treat these as precise estimates of the effects of racial differences in education on racial differences in earnings, the general trend for black men suggests that educational gains among blacks narrowed the gap in black and white weekly earnings, but differences in education continued to be an important factor in the inequality in earnings in 1979.

The trends for the other groups (see table 5), with the exception of Asians and white women, are similar to those for black men (i.e., a decline in the size of the earnings differential due to educational differences but a persistent and sizable effect of educational differences on earnings in 1979, ranging from 7.7% for American Indian men to 11.9% for black women). The negative effects for Asians indicate that if Asians had the educational characteristics of white men, their weekly earnings would go down rather than up. This is what would be expected given the higher educational attainment of Asians (see table 4). The small effect for white women reflects the very small difference in the educational characteristics of white men and white women.

The evidence in table 4 combined with that in table 5 suggests that improvements in the educational attainment of minority groups have been important in reducing racial inequality in earnings. It also suggests

Table 5

The Effects of Educational Differences on Racial/Ethnic Differences in Earnings

	1959	1969	1979
A. Men			
Asian	−3.7	−2.2	−7.4
Black	17.0	13.2	10.0
Hispanic	17.9	12.0	11.0
Indian	20.0	15.7	7.7
B. Women			
Asian	−1.1	−4.3	−4.3
Black	20.1	20.1	11.9
Hispanic	17.0	15.0	9.6
Indian	22.1	18.5	9.9
White	−0.3	2.4	1.7

Source.—Computations use the 1960, 1970, and 1980 Public Use Microdata Samples.

Note.—Each figure is the percentage increase (or decrease) in earnings that would result if minority groups had educational characteristics equal to those of white men.

that further gains in educational attainment by minority group members could further reduce this inequality. Unfortunately, the evidence does not suggest what kinds of educational initiatives would be most successful. It does provide some limited guidance about targeting these initiatives. Most educational programs concentrate on improving graduation rates among those currently in school or those about to enter high school or college. These are definitely important for achieving future reductions in racial inequality. Such programs neglect, however, the educational needs of older individuals who were unable to complete high school or attend college before they entered the labor force.

How Important Are Race and Ethnicity as Determinants of Earnings?

Social scientists have often assessed the effects of race on earnings through regression decomposition. We follow this procedure here, and the results are reported in table 6. The numbers represent the percentage increase in earnings that would result if the independent variables in figure 1 had the same effects for minority group members as they do for white men.[40] If the significance of race has declined over time, this difference will have declined.

The results for black men show that in 1959 black male weekly earnings would have increased by 37.4 percent if their characteristics had had the same effects as those of white men. This figure declined to 32.4 percent in 1969 and 23.9 percent in 1979. In sum, the effect of being black declined but continued to be sizable in 1979.[41] If the

characteristics of Asian men had the same effects on earnings as those of white men, the earnings of Asian men would have increased by 15.5 percent in 1959 and 6.4 percent in 1969, but would have decreased by 3.7 percent in 1979. This suggests that the effects of being Asian, rather than white, on earnings declined between 1959 and 1979. For Hispanic men, there has been relatively little change in the effects of race, but for American Indians the effects of race have declined considerably over the 1959–79 period.[12]

The results for women (see table 6) indicate that the effect on earnings of being a minority woman has declined for all groups; this decline has been most pronounced for black women and least pronounced for Hispanic women. The effect on earnings of being a white woman has also changed little. Although the effects of "not being a white man" are larger for women than for men, part of this difference is due to differences between men and women in the effects on earnings of marital status and children. Being married and having children are both associated with higher earnings for men but lower earnings for women.

The evidence presented in table 6 indicates that among men, the effect on earnings of being black, Indian, or Asian declined over the 1959–79 period. The effect of being a black, Indian, or Asian woman also declined during this period. The effect on earnings of being Hispanic of either sex or a white woman appears to have changed little. In general, the results suggest that the effects of race and ethnicity

Table 6

THE EFFECTS OF RACE, ETHNICITY, AND GENDER ON WEEKLY EARNINGS

	1959	1969	1979
A Men			
Asian	15 5	6.4	−3 7
Black	37.4	32.4	23 9
Hispanic	10 0	12 4	10 0
Indian	45 1	35 8	13.4
B. Women.			
Asian	104 0	58 6	55 3
Black	194 2	133.0	79 3
Hispanic	87.4	113.4	81 8
Indian	164 3	112 5	98 2
White	101.0	116.6	104 2

SOURCE.—Computations use the 1960, 1970, and 1980 Public Use Microdata Samples.

NOTE —Each figure is the percentage increase in earnings that would result if the characteristics of the minority group had the same effect as those of white men.

on earnings were smaller in 1979 than 1959, but such effects w
still present, especially for blacks.

Unfortunately, the policy implications of a declining but still pres
race effect are not obvious. Early research on differences betw
blacks and whites attributed the racial differences in earnings to
crimination. Such an interpretation would lead one to conclude t
discrimination had decreased over the 1959–79 period. This is
an appropriate conclusion, since there may be unmeasured varial
(e.g., differences in the quality of education) that vary across ra
and ethnic groups, and these may have changed during the pe
under examination. Following the same reasoning, we cannot concl
that the 1979 difference in earnings is due to discrimination. Furtl
the evidence may be somewhat misleading because of the diversit
each racial and ethnic group. The experiences of native-born Filipi
may, for example, differ from those of native-born Japanese. All
can say with certainty is that the racial and ethnic differences in earni
that can be attributed to race and ethnicity declined over the 19
79 period for all groups, with the exception of Hispanics, and w
highest for blacks and lowest for Asians in 1979.

Summary and Conclusions

The results in this article indicate that the observed racial differer
in earnings among men (table 2) declined during the 1959–69 per
a time of economic growth, improvements in education, and progres
legislation. Black and Asian women also experienced gains relativ
white men during this period. During the 1969–79 period, a tim
inflation and recessions, only blacks and American Indian men m
gains in earnings relative to white men. Once we control for the eff
of other variables (see table 6) we find evidence of a declining significa
of race for Asians, blacks, and American Indians, but not for Hispa
The effects of race (and gender) have not disappeared.

The results do not show why the earnings of minority men di
from those of white men or why this effect is smaller for Hispanic
American Indian men than for black men and essentially nonexis
for Asian men in 1979. The persisting race effect cannot be use
justify calls for group-specific programs such as Affirmative Act
nor can it be used to argue that such programs are not importan
does show that we need additional research on why the experier
of different minority groups vary. There are at least two direction
which such research should proceed. First, we need to do more c
parative work on racial and ethnic minorities. Our knowledge ab
the problems of a specific minority group can be increased by compa
it to other groups as well as to whites. Given the growing diversit
the minority population in the United States, we can no longer

content with studies of black and white differences or white and Hispanic differences to inform the public policy debate on minority issues. Further, we need to begin to explore differences within the major racial and ethnic minority groups, such as comparing Filipinos to Chinese and Puerto Ricans to Hispanics of Mexican extraction. Second, we need comparative work on the experiences of racial and ethnic minorities in different geographical settings. For example, research indicates that the experiences of Indians in traditional Indian areas are quite different from those of Indians elsewhere.[43] Farley and Allen found that the progress made by blacks varied across the four major regions of the country.[44]

The results regarding racial differences in education have somewhat more straightforward interpretations and policy implications. Racial differences in mean years of education and the percentage of high school graduates among the prime-aged labor force declined over the 1960–80 period. This was not true of racial differences in the percentage of college graduates. Minority gains in education were associated with declines in racial differences in earnings, but the educational gap continued to explain part of the racial gap in earnings in 1979. We argue that serious attention be given to adult educational programs as a means of assisting those minority group members who entered the labor force prior to completing high school.

Future reductions in racial inequality in weekly earnings will also be partially dependent on our ability to improve graduation and retention rates among minority youth. The evidence on high school enrollment and graduation indicates the complexity of the problem. In 1980, the enrollment rates of Asians were higher than those of whites, blacks, Hispanics, and Indians for all high school ages. Black and white enrollment rates have been roughly the same in the late teen years for a number of years and are substantially higher than those of Hispanics and Indians. Equality in enrollment for blacks and whites, however, has not led to equality in educational attainment.[45] In sum, there is still a great deal to be done in achieving racial and ethnic equality in educational outcomes through high school graduation.

Although higher education is perhaps not a viable route for the most disadvantaged (who may not have completed high school), it does appear to be crucial in producing further reductions in racial inequality in general. Unfortunately, the past several years have witnessed severe cutbacks in financial aid for higher education, and these cutbacks have been accompanied by a decline in the percentage of recent black high school graduates who enter college. Careful analysis of the reasons for this decline indicate that it is not attributable to a decline in the quality of recent black high school graduates, a change in plans to attend college, or changes in family income. This leaves cutbacks in financial aid as the probable cause.[46]

The evidence in this article does not support the conclusior we are moving to two societies, one white and one nonwhite. Ins it suggests that minority groups made considerable progress d the 1960s, a time of economic growth, but they made few gains d the 1970s, a time of general problems in the American economy decreases in the effects of race and ethnicity on earnings after adju for other factors are encouraging, but the persisting presence of effects, and our continuing inability to keep minority childrer youths in the educational system, indicate that our means of de with racial and ethnic inequality are insufficient.

Notes

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26. Jeffrey Passel, "Provisional Evaluation of the 1970 Census Count of American Indians," *Demography* 13 (1976) 397–409, Jeffrey Passel and Patricia Berman, "Quality of 1980 Census Data for American Indians" (paper presented at the annual meeting of the American Statistical Association, Las Vegas, Nevada, 1985).

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28. Including immigrants in the analysis is also problematic because the nature of immigration changed dramatically over the 1960–80 period Major changes resulted from the Immigration Act of 1965, which replaced hemispheric quotas on immigration

The Origin, Emergence, and Professional Recognition of Child Protection

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During the Progressive Era, social workers accustomed to intervening on behalf of children in moral or physical jeopardy fashioned a program of child protection by correcting dangerous community conditions and by engaging culpable parents in social casework Between the world wars, the social application of authority became the dominant theme of child protection, and casework with abusive and neglectful parents correspondingly became the principal function Well before the child abuse deluge of the early 1960s, professional social workers realized that neither public nor private agencies could provide child protective services unless staff caseworkers discerned the difficulties and limitations of casework with involuntary clients

In the early 1960s, at the urging of such authorities as Denver pediatrician C. Henry Kempe, America's family doctors began to address the "battered child syndrome" of child abuse.[1] Building on empirical groundwork laid by pediatric radiologists (x-ray specialists who had identified the characteristics of intentionally inflicted trauma on infants) family doctors succeeded in focusing public attention on the problem "Battered babies" headlines sold newspapers. The public demanded child protective service. But long before child abuse became a fashionable cause it had engaged some of America's most thoughtful social workers.[2] This article recounts the origin of child protection, its emergence as

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a child welfare service and form of social casework, and its recognition by the profession at large.

Child Rescue

Following the Civil War, concerned individuals in a number of American cities founded private agencies "to seek out and to rescue" children who were neglected, exploited, or cruelly treated. In most larger cities, or in cities near New York, concerned individuals usually organized single-purpose "societies for the prevention of cruelty to children." In other cities it was normal to organize, on the model of Chicago, dual-purpose "humane societies" that served animals as well as children. In 1885 the American Humane Association (AHA), which had been founded 7 years earlier as the national federation of animal rescue agencies, became, as well, the national federation of child rescue agencies.[3]

The work of a child rescue agent consisted of receiving a complaint of neglect, exploitation, or cruelty, visiting the home, consulting neighbors, deciding whether the complaint had merit, and taking appropriate action. If the parents were simply careless, a rebuke would do. If the parents were intemperate or improvident, an admonishment was in order. If the parents were unresponsive or indifferent, a goad was called for—perhaps a menacing suggestion that one or more children be surrendered to an institution, temporarily or permanently. Finally, if the parents were wantonly or persistently neglectful, exploitative, or cruel, the agent (with or without the assistance of police) would separate the family. Then the society's attorney would initiate legal proceedings to have the rescued children committed to appropriate institutions and quite possibly to have the parents prosecuted as well.

Adherents considered child rescue a highly specialized, legalistic activity. Anticruelty societies were private law-enforcing agencies, not charities, and although agents professed to hear both sides of a given issue, they were characteristically officious. In some cities, agents carried badges and were invested with limited police power. The caseload of anticruelty societies allowed for compassion but precluded suasion. Agents seldom made more than two visits on a given complaint or even felt the need to do so. This fatalism carried over to adjudication. Attorneys of anticruelty societies routinely recommended commitment to institutions. Advocates of child rescue generally ignored or paid lip service to child placing (incipient foster family care) and to friendly visiting (incipient social casework). They were unmoved by critics like Homer Folks, who at the 1893 World's Columbian Exposition suggested that anticruelty societies integrate their services into local child welfare systems and that they submit to higher authorities than their own boards of directors.[4]

Child Protection

In December 1906, at the annual meeting of the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), president Grafton Cushing granted that the society's long-standing policy was child rescue. "There is no attempt to discover the cause of the conditions which make action by the [society] necessary," he acknowledged, "and therefore no endeavor to prevent a recurrence of these conditions. In other words, there is no 'social' work done. It is all legal or police work." Cushing commended agents who dutifully had served the society, but insisted that the time had come for a departure.[5]

"The times are full of changes, and charitable methods are changing rapidly," Cushing reminded his colleagues. "Even the administration of justice is conforming to the new spirit." Boston already was renown as the birthplace of probation, but Cushing insisted upon "thorough coordination of all the agencies which look to the improvement of the individual, whether moral or material." He emphasized in particular the need to be sure "that the children who have been taken from their parents through our intervention are permanently well cared for [and] that the conditions which made our interference necessary are improved." Disclaiming the aloofness that characterized traditional anticruelty societies, Cushing enjoined colleagues to cooperate more closely with other charitable organizations, both public and private. Prosecution would still be necessary, Cushing realized, "but with it must come a care for the social side of the work." To integrate anticruelty work into the child welfare system and to institute social casework, directors of the Massachusetts Society for the Prevention of Cruelty to Children selected as its new secretary and general agent a specialist in charity organization—a protégé of Mary Richmond and Edward Devine named Carl Carstens.[6]

The 1906 departure of the Massachusetts Society for the Prevention of Cruelty to Children from child rescue seemed fully justified. "Children will still need to be rescued from degrading surroundings for many years to come," acknowledged Carstens at the 1907 annual meeting, "but the society recognizes more definitely that it is a preventive agency."[7] Through personal service to families, the MSPCC would prevent the onset or recurrence of abuse, neglect, exploitation, or delinquency; by seeking out causes, it not only could refine its casework but also could discriminate among environmental reforms. The program of combining social casework and correction of dangerous community conditions with resolute intervention on behalf of children in moral or physical jeopardy became known as child protection,[8] and shortly after assuming leadership of the MSPCC, Carstens tried to induce executives of other anticruelty societies to adopt this program.[9]

In promoting child protection, Carstens had to overcome formidable obstacles: not just the reticence of untrained and overworked agents

but also the censure of child rescue stalwarts. "There is nothing today which scientific charity does not seek to appropriate to itself; and when it cannot absorb collateral work, it endeavors to obtain possession of the subject of that work and utilize it for its own ends," complained Elbridge Gerry, founder of the New York Society for the Prevention of Cruelty to Children.[10] Child rescue found another forceful defender in Dr. William Stillman, who from 1904 to 1924 served as president of the American Humane Association "New social reforms are dividing, or seeking to divide, our humane patrimony," warned Stillman at the October 1911 annual meeting. He further suggested that "cranks and bores" like Carstens be excluded from the annual program.[11] Carstens and his allies made plans at the June 1912 National Conference of Charities and Correction (NCCC) to win control of the AHA or, failing that, to establish a new federation. Stillman uncovered the insurgent movement and at the October 1912 annual meeting rallied a conservative majority. Undaunted, Carstens disaffiliated the MSPCC from the AHA [12]

Carl Carstens's Two Great Causes

The 1915 National Conference of Charities and Correction is usually remembered for Abraham Flexner's audacious challenge of social work as a profession because it had neither a unique function nor a transmittable technique.[13] It also should be remembered for Carl Carstens's vigorous promotion of two great causes: public child welfare and cooperation among progressive children's agencies.

Carstens presented to the 1915 NCCC the report of its children's committee, "A Community Plan in Children's Work," which contained the most forthright call for public child welfare yet to be made by an executive from the private sector.[14] "Subject to the limitations which the federal and state constitutions have for the time being established," averred Carstens, "there is no task which the community in its public capacity may not undertake and under certain circumstances should not undertake" for the welfare of children. Having assayed various efforts already undertaken on behalf of dependent, neglected, and delinquent children, including the triumphant mother's pension movement, Carstens observed that "the trend of social thought is clearly in the direction of broadening the interests and activities of the community in its public capacity." Carstens noted the advisory potential of the U.S. Children's Bureau, but he did not believe that the nation could or should become an administrative unit. "The state is the most useful area for the development of standards and machinery in the care of children," said Carstens, although, he allowed, "in populous areas, the county may assume certain administrative functions, or, in a dense population, the city."[15]

In discussing the allocation of child welfare responsibilities and the interaction of public and private agencies, Carstens drew upon principles

set for them about 20 years earlier by Amos Warner and Charles Richmond Henderson.[16] "For the near future," said Carstens, public agencies should provide child welfare services that are "based on principles that are well established, require the more permanent care, are more general in their application, or contain an element of compulsion or control." Private agencies, on the other hand, should experiment, do short-term or unusual work, and do work that can be "carried on with the cooperation of the families benefited." However, Carstens continued, once a private agency "has clearly demonstrated the value of an experiment, it is in the community's interest that such a service, in order that it may have a wider application or be rendered in a larger area, be extended to the state as soon as the state is in a position to equip itself for such service." This extension of direct services was not to be mechanical or even absolute. "For the proper development of such work," said Carstens, "it may even then be wise that public and private bodies should for a period of time carry on the same or similar tasks side by side."[17]

Carstens advocated substantive reforms more or less applicable to every state in the Union. Every state should have some official body like a board of public welfare to license and inspect all private welfare agencies as well as to supervise all public welfare agencies. It was in the administration of social services, however, that real innovation in the public sector was to take place. Every state should have a state board of children's guardians and county boards of public welfare. Unpaid members of appointive state boards and of elective county boards were supposed to be scrupulously nonpartisan, of course, and the professional staff of each board was supposed to be selected and retained on the basis of merit alone. The state board of children's guardians would manage the only placement and adoption service in the public sector. The state board would take custody of every child surrendered or committed to it, and thereafter would provide proper care and guardianship through its own offices or would ensure proper care and guardianship by entrusting the child to a licensed private agency. County boards of public welfare would provide a variety of social services. In addition to administering outdoor relief and mothers pensions, county boards of public welfare would act on behalf of the state board of children's guardians in investigating complaints of neglect exploitation, or cruelty; in supervising or referring families for treatment; and, if necessary, in filing criminal charges. The state board and the several county boards naturally would cooperate with competent private agencies and emulate progressive private agencies.[18]

The meeting of the children's section of the 1915 National Conference of Charities and Correction foreshadowed the 1919 White House Conference on Child Welfare Standards. Both meetings furthered the appointment of state child welfare commissions and the dissemination

of practical, if ambitious, guidelines for legislative codes. Still, the ultimate importance of both meetings lay not so much in their promotion of public services as in their insistence that the public, in its corporate capacity, concern itself with the welfare of all children, not just unfortunates. This broader outlook on child welfare served to democratize social work.[19]

The day following his presentation of the children's committee report to the NCCC, Carstens and 17 other activist executives conferred about instituting cooperative services among child-helping (child welfare) agencies and about establishing a new national organization. By instituting cooperative services, conferees emulated progressives in charity organization (family welfare), who in developing their own field had established an interagency publication and correspondence service (1905), a consultation service (1907), and, with the help of the Russell Sage Foundation, the National Association of Societies for Organizing Charities (1911), which subsequently became the American Association for Organizing Family Social Work (1919), the Family Welfare Association of America (1930), and the Family Service Association of America (1946). By considering a new national organization of child-helping agencies, conferees recognized that the 25-year-old National Children's Home Society was simply a brotherhood of child-placing executives (mostly clergymen) and that the American Humane Association was intractably committed to child rescue. At Carstens's urging, conferees coopted the five-member Committee on Cooperation for Child-Helping Organizations. With a grant from the Russell Sage Foundation, this committee established a Bureau for the Exchange of Information among Child-Helping Agencies. This bureau led a marginal existence until the Commonwealth Fund enabled it to expand. In January 1921, the Bureau for the Exchange of Information among Child-Helping Agencies became the Child Welfare League of America (CWLA).[20]

Carstens was the first executive director of the Child Welfare League of America. He served from January 1921 almost until his death in July 1939. From the start, Carstens considered the league a professional federation and insisted upon qualifying standards for membership. The league did not develop without controversy. In the early 1920s the Child Welfare League of America had jurisdictional disputes with other national federations: with the American Association for Organizing Family Social Work regarding suzerainty over agencies that did casework with children in natural homes, and with the American Humane Association regarding the oversight of agencies that served mistreated children. Although Carstens's own renown was in child protection, most constituents of the Child Welfare League were child care agencies that is, child-placing societies, orphanages, and industrial schools. Carstens handled this dichotomy by gearing field services to the needs of

child care agencies and by persevering as an individual to further his Community Plan in Children's Work.

Child Protection Becomes a Child Welfare Service and Form of Social Casework

Many social workers agreed with Mary Richmond that social casework constituted the unique and irreducible core of the profession and that investigation, diagnosis, and treatment must be developed and integrated in every field and setting of casework practice.[21] Fewer social workers agreed with her that "the protection of children from cruelty and neglect" was "a well defined child-helping specialty" that not only "concerned family life" but also "demanded casework technique"; or that the difference between the family caseworker and the child protective caseworker was that the former was a "general practitioner" and the latter was a "specialist."[22] Nevertheless, between the world wars, child protection became a child welfare service and form of social casework through the leadership of social theorists and through the fitful development of standards of child protection.

The concept of "authority" is the bedrock of any discussion of child protection. In an address to the 1923 National Conference of Social Work, Porter Lee, director of the New York School of Social Work, explained the dual nature of authority and then made a profound observation on its social application.[23]

There were really two kinds of authority, said Lee. The first kind of authority went with status. "The president, the king, the priest, the teacher, the manager, the parent, and the policeman [all] carry authority regardless of the qualifications of the person who holds the office" under the law or according to mores. "This is constituted authority," said Lee, "it is the authority of the office." On the other hand, Lee continued, "the guide, counselor, [or] friend is usually an authority, but he does not derive his authority from his status. Rather, he derives his status from his authority." This second kind of authority was "inherent in the wisdom and understanding of the individual" over time. "Inherent authority," said Lee, "is the authority of those whose lead we follow without any compulsion to do so." Having discriminated between constituted authority and inherent authority, Lee observed that "the whole trend of our education—the whole atmosphere of modern life—is toward the acceptance of inherent authority and toward the distrust of any authority, however firmly constituted, which is not also inherent."[24]

A social caseworker's authority was "an ambivalent kind of instrument,"[25] and this ambivalence was especially troubling to child protective caseworkers.[26] In the early 1920s, Carl Carstens continued to hold

that child protection included any civic effort or personal service to prevent the onset or recurrence of abuse, neglect, exploitation, or delinquency; but in surveying the field he emphasized the importance of social casework on behalf of abused and neglected children.[27]

In surveying private agencies in child protection, Carstens noted the perseverance of single-purpose societies for the prevention of cruelty to children and of dual-purpose humane societies. Insofar as they championed suasion and eschewed the outdated punitive approach, these anticruelty societies deserved support But Carstens had strong misgivings about combining animal rescue and child protection, and he knew that only a few anticruelty societies had embraced social casework. The child rescue traditionalism of most anticruelty societies had led progressive social workers in some cities to protect children through other organizations. Legal aid societies, children's aid societies, and family welfare agencies occasionally undertook child protective work, but Carstens doubted the efficacy of combining these functions. Even when children's aid societies and child protective societies merged, he thought, efficiency could be achieved only in smaller cities Carstens noted with approval the proliferation of juvenile protective associations and commended in particular their efforts to protect adolescent girls from sexual delinquency and abuse and to combat juvenile delinquency Even so, Carstens held that child protection was essentially a public duty.

Carstens found that the public sector showed as much diversity in child protection as did the private sector. Visiting teachers and policewomen sometimes uncovered instances of cruelty, neglect, or moral subversion, yet their daily routines precluded intensive casework with families even if they were trained and disposed to provide it. The same held true for juvenile probation officers, who in many jurisdictions handled most, if not all, child protective cases. Juvenile court was, of course, a public body, yet Carstens believed that the court was not the ideal locus of child protection. Juvenile courts were distended and probation officers overburdened. Moreover, it was simply inappropriate for a probation officer either to begin every case with a court appearance or to maintain an off-the-books caseload. For these reasons, Carstens repeated his call for a set of public agencies to assume principal responsibility for protecting children: county boards of public welfare with vigorous child protective divisions, and state departments of public welfare with specialized boards of children's guardians.

"What then is the future of the private children's protective society?" asked Carstens rhetorically. They certainly should not go out of business, because public agencies "will not be able to undertake all the work that is likely to come in that field, at least not for a long time." Therefore the private agency should supplement the public agency as the need existed. In addition to this variable responsibility, the private agency

had a more fundamental duty. By virtue of its flexibility and independence, the private agency also should be "teacher, critic, goad, or anchorage" of the public agency. Carstens foresaw that when public agencies assumed the bulk of child protective cases, private agencies would be freer to do basic research and experimentation in casework service—activities "for which the state is not so well equipped and for which it rarely appropriates money."[28] More than ever, pioneering should be the forte of the private sector: casework agencies, local councils, and national federations.

Social work expanded in the early 1920s, but this expansion had disruptive consequences. Specialization threatened to fragment the profession. Jurisdictional disputes broke out both between casework agencies and the national federations to which they belonged. Personal jealousy and historical rivalry sometimes flared when community chests made allocations. To find common ground, executive secretary David Holbrook of the American Association for Organizing Family Social Work called a conference of agency and federation executives at Milford, Pennsylvania, in October 1923. The first Milford Conference resulted in the founding 1 month later of the National Social Work Council, which thereafter sponsored annual conferences at Milford to discuss such fundamental issues as: the theoretical foundation of social casework, the practical division of the field among casework agencies, the accountability of casework agencies, and the training and competence of social caseworkers.

One of the principal jurisdictional disputes of the early 1920s involved the demand in some cities of family welfare agencies to restrict or preclude casework by child care or child protective agencies. On taking charge of the Child Welfare League of America, Carstens's most urgent task was to disabuse any family welfare agency of the presumption that it deserved a monopoly on casework with families. Thus, in his first appearance at Milford, Carstens echoed Porter Lee by discriminating between "family case work" in a "generic" sense and in a "specific" sense.[29] At the third Milford Conference in October 1925, the National Social Work Council appointed a committee on the division of labor among casework agencies to examine the generic versus specific issue with regard to professional standards and to community organization for social welfare. Lee chaired the committee. Carstens was a member. The committee of five on generic social case work, as it came to be called, delivered a preliminary report at the fifth Milford Conference in October 1927. At the sixth Milford Conference in November 1928 the final report was prepared and approved, and in June 1929 the American Association of Social Workers published the landmark Milford conference report, *Social Case Work: Generic and Specific*.[30]

"Social work is a unified profession and not an aggregate of specialties," held Milford conferees, so "in any discussion of problems, concepts,

scientific knowledge, or methods" it followed that "generic social case work is the common field to which the specific forms of social case work are merely incidental." Turning to the practical "Division of Labor among Agencies for Social Case Work," Milford conferees criticized fragmented service by, and haphazard arrangements among, agencies that purported to do social casework. Milford conferees allowed that cooperative treatment of a case by two agencies or transfer of a case from one agency to another was "inevitable," sometimes "highly desirable," and even likely to occur more frequently. Nevertheless, cooperative treatment and transfer of cases were at best necessary evils. "Treatment loses the opportunity to be completely effective unless it is continuously in the hands of one agency from the time of application," held Milford conferees, and "in the long run neither investigation nor diagnosis can be adequately or safely made except by an authority which is also responsible for treatment." Therefore, in casework agencies (including, one must presume, child protective agencies) "*there should be no diagnostic authority without treatment responsibility and no treatment responsibility without diagnostic authority*" (emphasis in original).[31]

The Milford conference report was no less bold promoting public social services—not just outdoor relief, but social casework. Milford conferees held that when "legal authority . . . is either advantageous or indispensable" to social treatment, public agencies can handle cases much more effectively than private agencies.[32] Implicit in this promotion of public welfare was the notion that child protection constituted the critical verge of public and private social work.

In its title and in its hierarchy, the 1930 White House Conference on Child Health and Protection revealed the growing importance of child protection. Carl Carstens chaired the conference section on physically, mentally, and socially handicapped children; Homer Folks chaired the general committee on dependent and neglected children; and Theodore Lothrop, Carstens's successor as general secretary of the MSPCC, chaired the select committee on the correction and prevention of neglect of children.

As chairman of this select committee, Lothrop held that: "Child protection is a specialized service in the field of child welfare in behalf of children suffering from cruelty or abuse; or whose physical, mental, or moral welfare is endangered through the neglect of their parents or custodians; or whose rights or welfare are violated or threatened."[33] Lothrop knew that juvenile delinquency was an unremitting problem during the Great Depression and that child labor was an aggravating problem. He therefore asserted that "child protective services, public and private, in cooperation with other social forces, have a responsibility for the removal or improvement of community conditions which contribute to the neglect or exploitation of children."[34] But whatever their cooperative responsibilities for social betterment, child protective

agencies had primary responsibility for personal service in one particular environment—the natural home.

"Child protection is a form of social casework," insisted Lothrop, but it was a very difficult form that made incredible demands on agency and agent.[35] Still, despite the Great Depression, the Child Welfare League of America and American Humane Association issued standards for child protective agencies that showed that social casework not only had energized advocates of child protection but even had stirred erstwhile adherents of child rescue.

In 1929 Margaretta Williamson visited child protective agencies throughout the country in order to prepare a vocational study of the field for the American Association of Social Workers. The resulting manuscript was sent for criticism to agency executives, two of whom challenged Williamson's legalistic portrayal of child protection. "There is entirely too much stress laid on the investigation side and not nearly enough on the treatment side," complained Douglas Falconer of the Children's Aid and Society for the Prevention of Cruelty to Children of Erie County (Buffalo), New York. "Scientific case-work . . . is just as applicable to all types of cases coming before a protective agency as it is to child placing or institutional work," insisted Louise Drury of the Children's Protective Association of Los Angeles. Williamson revised her manuscript to reflect the high-grade casework that first-class child protective agencies were attempting to do, but observed that "no definite requirements . . . in regard to college graduation, training in a school of social work, or experience have been adopted by any of the agencies included in the study."[36] This observation constituted a challenge to the two national federations directly concerned with abused and neglected children.

In 1930 Douglas Falconer set out to draft "definite standards" for protective constituents of the Child Welfare League of America. "Child protection is one of the most difficult specialties in the field of social case work," held Falconer. "The ablest and most effective social workers will [be] taxed to the utmost," he predicted, "while inexperienced and mediocre workers are almost sure to fail." Treatment in child protection should be based on social casework, maintained Falconer, and whatever training supervisors might have, caseworkers "—in so far as possible—should meet the educational and professional case work qualifications of the American Association of Social Workers" and should carry no more than 40 cases.[37]

The CWLA did not summarily adopt Falconer's draft standards for child protective organizations. His educational qualification for caseworkers (at least one academic year of class and field work) was simply too exacting, and even before the Great Depression few child protective agencies could adopt so low a caseload as 40.[38] After further review, the CWLA finally adopted its first *Standards for Child Protective Orga-*

nizations in 1936. The league did not include an educational qualification or a caseload limit in these standards, but it did stress the centrality of social casework to child protection.[39]

Even the American Humane Association contributed to the emergence of child protection as a child welfare service and form of social casework. In 1931, at the behest of its recently founded committee on child protection, the AHA held in its first "Standards for Child Protection Societies" that "authorized agents . . . should be carefully selected" and that "consideration should be given" to a candidate's "natural fitness for this work, his personal integrity, educational background, perceptions, native ability, [and] manner in which he is able to command respect [of] official authorities, the courts, and the community." The AHA directed constituent societies to consider "the capacity of the investigator or officer" in assigning "case work," and, whenever possible, to cooperate with and defer to other agencies for treatment. The rest of the 1931 standards were legalistic. Still, for the first time, the AHA had talked about child protection in addition to child rescue.[40]

In 1939 the AHA issued its second *Standards for Child Protection Societies*. Calling child protection "a specialized service in the general field of child welfare," the association acknowledged that child protection involved "psychological factors" as well as "standards of physical care." Constituent societies engaged in child protection should employ workers who "have a quality of background comparable to that of other professions in their respective communities," and who in addition to a college degree, "have special training in the social sciences, and knowledge of and experience in the social and legal phases of child protection work."[41]

The American Humane Association almost had conceded that child protection was a specialized form of social casework demanding skilled personnel, but two critical issues continued to separate the AHA from the CWLA. The first was the former's antipathy toward public child welfare, the second, its fragmented conception of social casework. The AHA's 1931 "Standards for Child Protection Societies" encouraged child protective agencies to limit themselves to investigation, diagnosis, and referral, and to rely on regular casework agencies for treatment. This division of labor corresponded to the cooperative casework service that well-staffed private family agencies often provided hard-pressed public relief agencies during the Great Depression but nevertheless violated canons of generic social casework embodied in the CWLA's 1936 *Standards for Child Protective Organizations*.[42]

Social Application of Authority

In the late 1930s three factors accelerated the development of child protection as a child welfare service and form of social casework. First,

the federal Fair Labor Standards Act of 1938 promised to curtail grosser forms of child labor. Second, the ascendant discipline of social group work undercut social detection in defense of a child's morals as a means of dealing with juvenile delinquency. Third, and most important, social workers began to discuss in earnest the social application of authority. That child welfare workers should do so was not surprising, for many of them had been continuously involved in child protection. What was surprising, however, was the interest taken by family welfare workers. In the 1920s and early 1930s, family workers—or at least those in the private sector who worked under psychiatric supervisors—had recoiled from the social application of authority.[43]

In 1943 a family social worker from Cleveland, Dorothy Berkowitz, put her colleagues' new-found interest in authority and their renewed commitment to child protection into historical context. During the 1920s, recapped Berkowitz, "two effects of the overwhelming impact of psychoanalytic knowledge" upon social casework had diverted family workers from their traditional commitment to child protection. "In the early light of understanding of the unconscious motivation behind human behavior, we were appalled by what we saw, first, of the negatives in our own past behavior as family case workers, and second, of the deep-seated nature of client problems with which we have been attempting to deal." Family workers therefore had shunned faultfinding, carping, or anything else "that smacked of the exercise of authority." Committed to "the client's right of self-determination" and convinced of the futility of changing behavior through "forceful threats or moralistic lectures," family workers had determined "that the case work method could assist the client only if he expressed desire for such help, predicated on some awareness of his own part in his difficulties."[44]

Our "new appreciation" of the "deep roots and complexities" of the human psyche engendered among family workers "a feeling of hopelessness . . . toward many problems of human behavior," acknowledged Berkowitz. This professional abasement had one fortunate consequence and one unfortunate consequence. On the one hand, family workers "were disabused of . . . unconscious Jehovah complexes," but on the other hand began to feel that "if we could not cure, we could not help at all."[45]

Not until "knowledge gained from the new psychology was absorbed and became more truly integrated into case work practice" in the late 1930s "could the private family agency make fresh and fearless approaches to its older functions," maintained Berkowitz, who in 1943 saw three recent changes in the theory and practice of social casework that were pertinent to the family agency's role in child protection. These were changes in the family worker's conceptions "first, of the meanings and uses of authority; second, of the client's readiness and

ability to use help; and third, of the case work role in the treatment of deep-seated personality problems."[46]

Until recently, noted Berkowitz, family workers had been reluctant to acknowledge the constructive use of authority and family agencies had been reluctant to apply the adjective "protective" to any of their casework.[47] Social psychiatrists like Frederick Allen now belied those reservations.[48] As early as March 1938, two family caseworkers (one each from the public sector and the private sector) had dissociated the debilitating "authoritative [that is, authoritarian] *attitude*" from the therapeutic "authoritative *approach*" (emphasis in original),[49] and in the winter of 1937–38 a committee from the Family Welfare Association of America (FWAA) had identified "Some Protective Aspects of Family Case Work."[50]

The second recent modification in the theory and practice of social casework "pertained to the client's ability to seek and use help." Family workers were forced to admit that many clients who might be able to grow in a therapeutic casework relationship simply lacked the wherewithal to seek one out. "As we have better understood this," wrote Berkowitz, "we have overcome the fear of unwarranted intrusion upon the privacy of personal feelings."[51]

The third recent modification in the theory and practice of social casework was a more realistic appraisal of what it could accomplish. "We have at last realized that all is not lost even though we can rarely effect change in the [client's] underlying personality structure," wrote Berkowitz. The emergence of "ego psychology" in the late 1930s enabled social workers to disenthrall themselves "from absorption in the aberrations of the libido and to develop instead a healthier concentration on the strengths and potential capacities" of each client. Thus social workers could deal with—if not overcome—"gross defects in family life."[52]

By 1940 social workers in all fields of practice were using the term "protective service" strictly "in its narrower sense" to mean "service to neglected and abused children in their own homes,"[53] but whether or not the mass of family workers actually had renewed a traditional commitment to child protection, child protective workers themselves faced the doubly difficult task of "trying to apply a changing philosophy to a changing function."[54] The modern child protective caseworker's approach "is far from the old-time authoritarian one," noted Alan Keith-Lucas of the progressive but ill-fated Cleveland Humane Society.[55] "In protective work with children and their parents good casework practice does not deny the place and use of authority," insisted Dorothy Hutchinson of the New York School of Social Work. In fact, said Hutchinson, "the use of authority is not characteristic of children's agencies alone, but is an essential part of the practice of any agency."[56] In cities like Boston and Buffalo, the small band of professional social

workers specializing in child protection grew slowly but steadily. In 1939 child protective caseworkers in New England began to hold regional conferences, and in December 1942 the Child Welfare League of America convened its first national conference on child protective services.

Interagency Rivalries and Jurisdictional Disputes

The introduction of state and federal relief for the unemployed in the 1930s was a boon to millions of desperate Americans, but in some localities mass public relief revived interagency rivalries and jurisdictional disputes within the private sector. Freed in the main from their historic charitable function, some family agencies once again purported to be the rightful purveyors of social casework in natural homes. This did not sit well with children's agencies, which usually were not as large or as well-financed as family agencies and therefore resented the implication that they were expendable. In some cities, family agencies and children's agencies merged, and there was understandable confusion as to which national federation the merged agency should belong.

In 1942 the Family Welfare Association of America and Child Welfare League of America appointed a joint committee to resolve their differences. One of the key questions the joint committee addressed was: Within the private sector, what kind of agency should do child protective casework? Implicit in this question was yet another: To which national federation should private agencies that do child protective casework belong?

Unable to issue a joint report, paired committees of the two national federations issued separate reports in May 1944. The committee on family and children's work of the Family Welfare Association of America conceded that heretofore "family agencies have not taken major interest in protective case work with children." The FWAA committee nevertheless maintained that since child protective casework "appeared to be work with parents and children (families) in their own homes," it was "within the function of family agencies." In fact, the FWAA committee held "that private family case work agencies have a great deal to offer in protective situations." The FWAA committee allowed that "either a private family or children's agency may logically work with protective situations to the point where court action is required," but insisted that "legal authority for forcible break-up of a home and placement of a child for reasons of neglect or abuse rests with a court."[57] For its part, the committee on the relation of family and child welfare agencies of the Child Welfare League of America did not pretend to bar family agencies from providing services traditionally associated with children's agencies, but it did hold that any agency undertaking to provide such services not only should meet current League standards

but also should help strengthen them. The CWLA committee enjoined any family agency proposing to do child protective casework to be prepared to initiate legal action to break up a family if the protection of a child demanded it, and warned the family agency to consider the possibility that—in undertaking involuntary child protective casework—it might inadvertently compromise its treatment of willing clients.[58]

Authoritative Writing on Authoritative Casework

In May 1945 the Child Welfare League of America held its second national conference on child protective services. "We are now at a point where we can write about protective work for the benefit of our co-workers," reported Marguerite Gane, Douglas Falconer's successor as executive secretary of the Children's Aid and Society for the Prevention of Cruelty to Children of Buffalo.[59] Gane was confident because she and other casework theorists finally were assaying the "dynamic use of authority" in child protective casework.[60] As America demobilized, casework theorists from competing schools began to write authoritatively on this subject. From the diagnostic (Freudian) school came Robert Mulford.[61] From the functional (Rankian) school came Henrietta Gordon, Elizabeth McCord de Schweinitz, and Marguerite Gane herself.[62] Tension between the diagnostic school (which stressed the caseworker's ability to diagnose a client's unconscious conflicts in order to mobilize his conscious strengths) and the functional school (which stressed the caseworker's ability to impart his agency's function in order to engage a client's will) became heated in the late 1940s, but if there was one field of practice where accommodation seemed possible, it was child protection. Postwar theorists collectively provided a platform on which progressive agencies could stand and expound a rationale for professional service. No single article encompassed their argument, but its outlines were clear. In order to justify child protection, postwar theorists elaborated on principles identified by Carl Carstens. In order to justify child protective casework, they elaborated on Porter Lee's dual concept of authority.[63]

How did any agency, public or private, come to do child protective work? First of all, a child protective agency needed constituted authority: the duty and power to effect compliance. A child protective agency did not have to be invested with police power to have constituted authority, but it did need a sanction to intrude upon families.

The two most obvious sanctions in social welfare were statutory. The first statutory sanction related to public agencies. By 1940, thanks in particular to federal grants-in-aid of child welfare services through the Social Security Act, county welfare departments in several states did child protective work. The second statutory sanction related to

private agencies. The corporate charter was and remains the very heart of a private welfare agency. Given the American proclivity for interpreting loosely the charters of charitable organizations, almost any oblique reference to family or child welfare in an agency's articles of incorporation might suffice to justify child protection.

Above and beyond the legislative mandate of a public agency or the corporate charter of a private agency, there existed in some communities an important professional sanction. In a few cities, vigorous councils of social agencies systematically allocated child protective work. More often, for expediency, where they existed at all, councils simply acquiesced in one or more agency's arrogation of child protective work. Whatever the circumstances, a public agency or private agency was authorized to do child protective work by law and convention.

Once a social welfare agency had constituted authority to do child protective work, it needed agents to carry out that work. Here was where inherent authority—the right and ability to effect assent—came into play. Postwar theorists acknowledged, as did pioneers in child protection, the generic nature of social casework. Unlike their forebears, however, postwar theorists insisted that only individuals with a command of general principles afforded by professional education should do social casework. All professional social workers were authoritative in this general sense, but not all of them could or should do child protective casework. At the very least, a promising child protective caseworker needed to grasp and profess the function—the constituted authority—of his or her agency.

According to Henrietta Gordon, child protective services had four "distinctive characteristics":

> First, service must be initiated by the agency; since the application or the referral is a complaint of neglect or abuse, the individual who needs the help is not asking for it.
>
> Second, the individual to whom help is being offered is not free to decide that he does not want the services of the agency.
>
> Third, the agency cannot withdraw the service only because the parent has refused or is unable to take help.
>
> Fourth, should the parent or guardian be unable to improve the condition while the agency sees it as one that endangers the children, the agency must bring the matter to the attention of the court with recommendations for proper care.[64]

Gordon's were the preeminent guidelines for child protective agencies in postwar America. In a given locality, however, unique factors affected the way in which a promising child protective caseworker could grasp and profess the constituted authority of his or her agency. To begin work the promising caseworker needed to place his or her agency within its social welfare system. The promising caseworker had to

master its policies and be able to enlist other community resources. The promising caseworker had to gauge community standards of family life and be able to make swift and sure determinations. The promising caseworker had to know family law and be familiar with court procedure. Finally, the promising caseworker had to demonstrate "the capacity to distinguish what is possible from what is not possible and to deal with the individual and with the community on that basis."[65]

Under whatever auspices he or she might work, noted Elizabeth McCord de Schweinitz, a child protective caseworker "must proceed from beginning to end with consideration of the job to be done, with respect for each person involved, and with regard to the best interests of the child."[66] Moreover, in the long run, a child protective caseworker needed to develop specialized skills through extended practice. Thus, knowledge, commitment, and skill were what it took to make a child protective caseworker truly authoritative.

Child Protection Wins Professional Recognition

In the early 1950s child protection won professional recognition as a child welfare service and form of social casework. Authoritative writing contributed to this development, but so did the revitalization of the Children's Division of the American Humane Association and the increasing self-confidence of practitioners.

In 1951 the American Humane Association issued its third set of *Standards for Child Protective Agencies*. It was understandable that by this time the association would embrace social casework, but it is noteworthy that this was the first set of standards from any national federation to mandate for child protective caseworkers not just an educational requirement, but a professional degree—the master's degree.[67]

Social caseworkers, too, became more assertive in the early 1950s. Reflecting upon her leadership of two important demonstration projects, Alice Overton enjoined caseworkers in all fields of practice to "reach out" to resistive clients through "aggressive casework."[68] "The literature of the past few years reflects a definite trend in both social casework and psychiatry in the direction of modifying traditional procedures and methods in the interest of reaching groups who manifest their disturbance in delinquent or anti-social behavior," observed editor Cora Kasius in the June 1954 number of *Social Casework*. Indeed, "reports of experimental efforts to overcome negative attitudes and to engage persons with anti-social tendencies in treatment represent a major contribution to the field." In the same number of *Social Casework*, Elliot Studt of the University of California, Berkeley, updated Porter Lee's distinction between constituted authority and inherent authority by using the terms "social authority" and "psychological authority." To the editor Kasius, these developments "seemed to close

the debate as to whether casework can be practiced in an authoritative setting."[69]

Encouraged by this activism, the American Humane Association and Child Welfare League of America jockeyed for ascendancy as the standard-setting federation in child protection. Theorists like Bertram Beck and Vincent de Francis warned against confusing "protective casework" as a "function" with "aggressive casework" as a "technique"; but by 1956—the year diverse professional associations merged to become the National Association of Social Workers (NASW)—helping children in physical jeopardy had become a signal concern of the profession. In 1956 Congress passed the symbolic "Home Life Amendment" to the Social Security Act, and in 1958 it began to provide meaningful support of child welfare services in both urban and rural areas. Also in 1958, the American Public Welfare Association flatly asserted that *Preventive and Protective Services to Children* was *A Responsibility of the Public Welfare Agency*.[70] Thirty years later, citizens and clients, politicians and professionals, still struggle with implications of this concern and this assertion.

Conclusions

The origin, emergence, and professional recognition of child protection entailed important questions. If child protection is a necessary child welfare service, should it be provided by a special or general agency, a private or public agency? Behind these practical questions lay theoretical ones: If social casework is the core function of child protection, how should it be integrated with the other functions? Which personnel should do each, and what should be expected of them? The loudest arguments about child protection have dealt with turf and timing, but the thorniest issues are the ones caseworkers confront every day. Few social workers would deny that the narrowing of child protection toward the welfare of abused and neglected children was a salutary development, but this narrowing of focus highlighted the difficulty of social treatment. Family doctors may have roused the public in the early 1960s to the problems of child abuse and neglect, but it falls to social workers to convey to the public the difficulty of improving parental behavior.

Notes

I thank Rachel Marks and Donald Brieland for criticizing an earlier version of this article

1 C. Henry Kempe, Frederic N Silverman, Brandt F Steele, William Droegemueller, and Henry K. Silver, "The Battered Child Syndrome," *Journal of the American Medical Association* 181 (July 7, 1962): 17–24, and Samuel X Radbill, "A History of Child Abuse and Infanticide," in *The Battered Child*, 2d ed., ed Ray E. Helfer and C. Henry Kempe (Chicago University of Chicago Press, 1974), pp 3–21, quote at pp 18–19

2 The role of family doctors in alerting the public to the "battered child syndrome" of child abuse in the early 1960s cannot be discounted, but an unfortunate consequence of this contribution to public awareness was, and remains, the common misapprehension that family doctors somehow discovered child abuse This misapprehension is due in part to the recent emergence of "child abuse" as a technical term, for although it has been used colloquially for a century and a half, not until recently did it formally supplant "cruelty to children " The American Humane Association's 1931 "Standards for Child Protection Societies" (*National Humane Review* 19 [December 1931] 3–5, 13) uses "cruelty to children" and "abuse of children" interchangeably The Child Welfare League of America's 1936 *Standards for Child Protective Organizations* (New York CWLA, 1937) mentions "physical abuse and cruelties" and "abusiveness" once apiece The American Humane Association's 1951 *Standards for Child Protective Agencies* (Albany, N Y AHA, 1951) refers only once to children "who are neglected, abused, or cruelly treated " Not until the publication of the Child Welfare League of America's 1960 *Standards for Child Protective Service* (New York CWLA, 1960) are the words "abuse" and "abused" used frequently and consistently, yet even in these standards, the closest the league came to using "child abuse" per se was a passing reference to "child neglect and abuse " Dr Kempe's landmark report on "The Battered Child Syndrome" began a deluge of child abuse publications, but not until 1963 did "child abuse" appear in the title of a publication of the Children's Division of the American Humane Association, not until 1968 did the Library of Congress make "Child Abuse" a see-reference, and not until 1975 did "Child Abuse" supplant "Cruelty to Children" as the library's principal subject heading That same year, "Battered Child Syndrome" became a medical subject heading

3 *Annual Report of the New York Society for the Prevention of Cruelty to Children* 1 (1876) 6, and Roswell C. McCrea, *The Humane Movement A Descriptive Survey* (New York Columbia University Press, 1910), chap 5

4 Homer Folks, "What Should Be the Relations between Societies to Protect Children from Cruelty, and Child-Caring Organizations?" an address to the World Humane Congress at the World's Columbian Exposition, Chicago, Illinois, October 13, 1893, published in the *Altruist* 5 (January 1897) 7–9, *The Care of Destitute, Neglected, and Delinquent Children* (New York Macmillan, 1903), 173–75, and Walter I Trattner, *Homer Folks, Pioneer in Social Welfare* (New York Columbia University Press, 1968), 39–50

5 *Annual Report of the MSPCC* 26 (December 31, 1906) 4

6 Ibid , pp 4–6 Cushing had made the same points at the May 1906 National Conference of Charities and Correction, whose children's committee had enjoined "child-helping' agencies to make "every reasonable effort" to preserve the "sacred ties between parents and children' by 'stimulating and helping" parents to meet their "obligations." See Grafton D Cushing, "Work of Societies for the Prevention of Cruelty to Children Essential in the Prevention of Crime," *Proceedings of the NCCC* 33 (1906) 106–11, and Hastings H Hart (chairman), "Report of the Children's Committee, *Proceedings of the NCCC* 33 (1906), 87–96, quotes on pp 88, 96

7 *Annual Report of the MSPCC* 27 (December 31, 1907) 17

8 As did other child welfare reformers in the Progressive Era, Carl Carstens broadly conceived child protection as any civic effort or personal service to protect a child from abuse, neglect, exploitation, or delinquency (see, e g , Samuel M Lindsay, "Legislation for the Conservation and Protection of Childhood," in *A Cyclopedia of Education*, ed Paul Monroe [New York, Macmillan, 1911], I 621–25), but it was Carstens's successor at the Massachusetts Society for the Prevention of Cruelty to Children, Theodore Lothrop who in the 1920s haltingly developed a formal definition of child protection (See *Annual Report of the MSPCC* 43 [1923] 15, and n 33 below)

9 C. C. Carstens, "The Preventive Side of the Work of a Society for the Prevention of Cruelty to Children," *Annual Report of the AHA* 31 (1907) 58–60, and "What Various Services a Children's Protective Agency May Be Expected to Render a Community " *Proceedings of the First American International Humane Conference* (1910), pp 63–64

10. Elbridge Gerry in 1908 to executives of the New York State Societies for the Prevention of Cruelty, quoted in McCrea, pp 139–40

11 *Annual Report of the AHA* 35 (1911) 6, 11

12 See letter, William O Stillman to George A. H Scott, June 29, 1912, in Illinois Humane Society Papers, Department of Special Collections, University of Illinois at

nuaren's Charities 19 (February 1912) 5-9, with William Stillman, "The S P C C and :harity Work," *National Humane Review* 3 (September 1915) 195–96, 215

13 Abraham Flexner, "Is Social Work a Profession?" *Proceedings of the NCCC* 42 1915) 576–90

14 C C Carstens (chairman), "Report of the Committee A Community Plan in hildren's Work" (hereafter referred to as "A Community Plan"), *Proceedings of the 'CCC* 42 (1915) 92–106

15 Ibid , p 94.

16 See Paul Gerard Anderson, "The Good to Be Done A History of Juvenile Protective ssociation of Chicago, 1898–1976" (Ph D diss , Department of History, University f Chicago, June 1988), esp chap 3

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20 *Child Welfare League of America A Sketch of Its Origin and Development*, CWLA ulletin no 2 (New York CWLA, November 1921), pp 3–10, and *CWLA Bulletin* 18 November 1939) 8–9, see also Senate, *Proceedings of the Conference on the Care of ependent Children* (Washington, D C , January 1909), 60 Cong 2d sess , S. Doc 721 Washington, D C Government Printing Office, 1909), esp pp 13–14

21 Mary Richmond, "The Social Case Worker's Task," *Proceedings of the NCSW* 44 917) 112–15, *Social Diagnosis* (New York Russell Sage, 1917), and "Some Next Steps i Social Treatment" (hereafter referred to as "Next Steps"), *Proceedings of the NCSW* 7 (1920) 254–58

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24 Ibid , pp 289–90.

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26 Alfred F Whitman, "Keeping Neglected Children out of Court," *Proceedings of e NCSW* 46 (1919) 86–92.

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30 *Social Case Work Generic and Specific*, in An Outline A Report of the Milford onference. Studies in the Practice of Social Work, ser no 2 (New York AASW, 1929)

31. Ibid., pp. 11, 64–66
32 Ibid., pp. 67–68.
33. Theodore A Lothrop, "Report of the Committee on Correction and Prevention of Neglect of Children," in *Dependent and Neglected Children Report of the Committee on Socially Handicapped—Dependency and Neglect* (New York Appleton-Century, 1933), pp. 353–89, quote on p. 354
34 Ibid., p. 365.
35. Ibid , pp 354, 360
36 Margaretta Williamson, *The Social Worker in Child Care and Protection* (New York Harper, 1931), p. 387. Materials pertaining to the job analysis committee of the American Association of Social Workers and to Williamson's study are in the National Association of Social Workers Papers, Social Welfare History Archives Center, Box 5, File 43, and Box 125, File 4
37. Child Welfare League of America, *Detailed Standards of Children's Aid Organizations and Outlines of Standards of Children's Protective Societies and Institutions* (New York: CWLA, 1929), CWLA Executive Committee, *Minutes*, October 22, 1929; and Douglas Falconer, "Standards for Child Protective Organizations," 22-page typescript (1930), quotes on pp 3, 11, 15–16 The CWLA *Minutes*, as well as Falconer's draft standards and related materials, are in the library of the Child Welfare League of America, New York
38 On March 27, 1925, the Child Welfare League of America's executive committee had held that supervisors (if not caseworkers) should have some kind of formal training, and on January 21, 1926, the executive committee recommended that child protective caseworkers carry no more than 55 cases
39 CWLA Directors' Meeting, *Minutes*, December 1, 1936, and CWLA, *Standards for Child Protective Organizations* (n 2 above)
40 AHA, "Standards for Child Protection Societies" (n 2 above)
41 American Humane Association, *Standards for Child Protection Societies* (Albany, N.Y . AHA, 1939), pp. 1–3.
42 Carl Carstens, "Annual Report of the Executive Director of the Child Welfare League of America, Inc , for the Year Ending June 1, 1936," dated May 28, 1936, library of the Child Welfare League of America, New York, and CWLA, *Standards for Child Protective Organizations*, pp. 11–12.
43 Anderson (n 16 above), pp. 423–31, esp p. 424
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48 Frederick H Allen, "The Influence of Psychiatry on Social Work," *Yearbook of the National Probation Association* 29 (1935) 137–40.
49 Crystal M. Potter, "The Use of the Authoritative Approach in Social Case Work In Public Assistance," *Family* 19 (March 1938) 19–22, quote on p 19, and Lucille N Austin, "The Use of the Authoritative Approach in Social Case Work In the Private Agency," *Family* 19 (March 1938) 22–24.
50 Thelma Dorioh, Marion Sisson, and Frances Schwab, "Some Protective Aspects of Family Case Work," pt 1 of "Aspects of Relations with the Community in Family Case Work," *Family* 20 (April 1939) 36–41
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57. Jean L Gregory and Ralph Ormsby, *Report of the Committee on Family and Children's Work* (New York: FWAA, May 1944), pp 20–21, 27

58 Herschel Alt, "Report of the Committee on the Relation of Family and Child Welfare Agencies," *CWLA Bulletin* 23 (June 1944) 1–4, 12–13

59 CWLA Directors' Meeting, *Minutes*, July 6, 1945

60 Henrietta L Gordon, "Protective Services for Children," *CWLA Bulletin* 25 (May 1946) 1–6, quote on 2

61 Robert M Mulford, "Definition of Children's Agency Function Its Effect on Development of Case Work Skills and Facilities," *CWLA Bulletin* 24 (June 1945) 5–7, 12–15.

62 Gordon, pp 1–6, Elizabeth de Schweinitz and Karl de Schweinitz, "The Place of Authority in the Protective Function of the Public Welfare Agency," *CWLA Bulletin* 25 (September 1946) 1–6, Elizabeth McCord de Schweinitz, "A Philosophy of Protective Services," *Welfare* (Pittsburgh) 14 (December 1947) 61–62, 67, and E Marguerite Gane, "A Program for the Protection of Children," *Proceedings of the NCSW* 73 (1946) 379–86

63. The functional school's promotion of agency function as the organizing principle of casework service was an important contribution to social work in general and to child protection in particular The diagnostic school did not ignore agency function, however, and its contemporaneous promotion of ego psychology was also an important contribution Moreover, there is reason to believe that the constraints of working together in a given agency inevitably compelled caseworkers from both schools to work more and more alike See Anderson (n 16 above), pp 520–21

64. Gordon, p. 2.

65 de Schweinitz and de Schweinitz, p. 4

66 McCord de Schweinitz, p 62

67 AHA, *Standards for Child Protective Agencies* (n 2 above), pp 6–7

68 Alice Overton, "Aggressive Casework," *Social Work Journal* 33 (July 1952) 149–51, "Serving Families Who 'Don't Want Help,'" *Social Casework* 34 (July 1953) 304–9, and "Casework as Partnership," *Children* 3 (September–October 1956) 181–86 Alice Overton won renown in the early 1950s for directing the Casework Services for Families and Children Project in New York and the Family-centered Project in St Paul Overton may have popularized "reaching out" and "aggressive casework" (see, e g , "Aggressive Casework," pp 149–51), but she did not actually coin these terms In 1943 Dorothy Berkowitz (n. 44 above) had noted that "family case workers have been further enabled to reach out to the reluctant or suspicious client as they have become versed in the fundamental psychoanalytic understanding of the manifestations of hostility" (p 264), and at the 1930 White House Conference on Child Health and Protection, Theodore Lothrop (n 33 above) had maintained that child protective caseworkers must demonstrate "a certain amount of aggressiveness" (p 360)

69 Cora Kasius, "Editorial Notes: Casework and Authority," *Social Casework* 35 (June 1954) 258; and Elliot Studt, "An Outline for Study of Social Authority Factors in Casework," *Social Casework* 35 (June 1954) 231–38

70 Bertram M Beck, "Protective Casework Revitalized," *Child Welfare* 34 (November 1955): 1–7, quote on 7, Vincent de Francis, *No Substitute for Child Protection* (Denver, Colo. AHA, 1957), and American Public Welfare Association, *Preventive and Protective Services to Children A Responsibility of the Public Welfare Agency* (Chicago APWA, 1958).

Family Policy and Labor Migration in East and West Germany

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Faced with immediate labor shortages and low birth rates, governments of foreign states have attempted to regulate their labor supplies by preventing emigration of workers and children, importing "guest workers," supporting child rearing through special social provisions, or encouraging the employment of women. The case of the two German states is examined for the light it casts on the capacity of states to manage the reproduction of their labor forces or to enforce the intergenerational contract on which the welfare state depends, through social policy.

Regulating the Labor Supply

The welfare state, like traditional family arrangements, implies an intergenerational contract whereby the workers of one generation support those too old or too young to work, on the understanding that, when today's workers retire, the next generation of workers will support them. The arrangement assumes a closed system in which sufficient children are reared and remain within the country to provide for the retirement benefits of the elderly. Social security taxes replace filial piety as the means to enforce the obligation of economically productive children to support their elders. In preindustrial cultures, children are an economic asset to their own parents, contributing both productive labor from an early age and an informal social insurance

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against sickness and old age. In modern welfare states, however, the economic benefit that children provide is shared far beyond the parents who rear them. The cost of child rearing, however, falls largely on the individual parents, who have little economic incentive to undertake it.[1]

What if, for whatever reasons, citizens of modern welfare states dutifully pay their social security taxes but decline to have children in numbers that allow the population to reproduce itself?[2] Or, if large numbers of the children, having been reared, kept healthy, and educated with the help of substantial social investment, decline to remain and work in their country of birth? Both increased productivity and temporary immigration of workers may offset declining birth rates by enhancing the capacity of the working population to meet the societal obligation to support the elderly. But simultaneous declines in productivity growth and birth rates pose threats for the system. The emigration of retirees may reduce the "demographic burden," provided that those who leave give up their claims on the workers who stay. But emigration of needed workers increases it.

Efforts by states to regulate their labor supplies and to raise productivity are not typically undertaken in order to solve long-term problems of social security financing. (The raising of the normal retirement age by the American social security reform of 1983 is a dramatic exception.) The success of states in such efforts, however, is a matter of considerable importance for the viability of the welfare state as an intergenerational contract. Welfare states not only depend on, but also are mechanisms for, regulating labor supply and productivity. Social policy defines who is, and who is not, expected to work for wages. It rewards work performance through earnings-related benefits and offsets the costs of rearing children while attempting to ensure the adequacy of their health and education. Faced with chronic labor shortages, certain states have attempted to manage their labor supplies through preventing emigration of workers and children, importing "guest workers" from poorer neighboring countries, supporting child rearing through special social provisions, or encouraging in various ways the employment of women.

None of these strategies is without problems. These approaches provide an opportunity to explore the limits of social policy, not in the usual terms of how far governments can go in eradicating poverty without undermining work norms and family and community responsibility,[3] but in terms of the capacity of states to regulate their labor supplies.

The German Case

It may be possible to cast some light on this question by examining the interrelated cases of the two German states and their attempts,

since their founding in 1949, to meet their labor force requirements. The German case is particularly instructive because East Germany—the German Democratic Republic (GDR)—and West Germany—the Federal Republic of Germany (FRG)—are key economies of their respective, rival blocs. They share a common history, welfare state origins, language, and culture, while differing in political system and official ideology. Both German states faced severe labor shortages from their early years and each was part of the other's problem. Both made strenuous efforts to solve these problems through state action that included extensive family policy measures and efforts to regulate labor migration. Taken together, the German states provide useful and sobering evidence of the limits on the capacity of modern states to regulate labor supply and thus enforce an intergenerational contract.

In addition to the strategies discussed here, there exists the approach of managing the labor supply by raising or lowering the minimum ages for retirement and leaving school. In post–World War II Germany, East and West, as in other countries, people have tended to stay in school longer and retire earlier than in the past. So far, little has been done to reverse this trend. The present article limits its focus to the regulation of labor supply through family and migration policies and does not consider the question of adjusting the ages for entering and leaving the work force.

Economic Policy and Labor Migration

In order to understand the steps taken by both German states to deal with their labor shortages, it is necessary to begin with the economic situation that they, particularly the GDR, faced at the close of the 1940s. With the breakup of the formerly integrated German national economy, both the GDR and the Federal Republic of Germany had the formidable task of substituting for the loss of former sources of raw materials and markets. The situation that confronted the GDR was especially grim, as it (1) suffered a much greater destruction of industrial capacity (40% as against the FRG's 20%), (2) bore alone the heavy burden of reparations to the Soviet Union (amounting to an estimated 25% of total production of the Soviet Zone/GDR up to 1953, as well as removal of plants and equipment), and (3) was left with a highly depleted and unbalanced industrial sector, with a very specialized manufacturing industry (precision and optical instruments, electrical engineering, tools) and a poorly developed energy and basic materials sector (coal, iron, and steel).[1]

The rulers of the GDR therefore set about not only to repair the damage done by war and Russian expropriation, but also to restructure the economy, aiming to create a balanced, independent industrial goods sector. The pressure to do so was reinforced by the need for a strong military, which depended on a developed industrial base, and

by the Russian pressure to emulate the Stalinist pattern of economic development that was oriented to heavy industry and the military. The economic aims of the new regime involved, as they did in the Soviet Union and the other centrally planned economies of Eastern Europe, a strong emphasis on heavy industry and basic materials production, and a sustained drive to restrict consumption while increasing the productivity of the labor force.

The policy was successful in meeting production goals in the 2-year plan of 1949–50 and the 5-year plan that followed (1951–55). But the social, economic, and political problems that the policy generated illustrate the severe limits of state-managed autarky as a development strategy and, in particular, the difficulties of managing the reproduction of labor power. The limits of a social policy that was designed primarily to restrict and control consumption, and to subordinate consumption to production, come, in part, from internal working-class resistance, which took the form of an open workers' revolt in June 1953. The lesson for the GDR's rulers has been repeated in neighboring countries, where government attempts to restrict consumption through lowering wages or increasing prices have triggered working-class revolts (e.g., Hungary 1956 and Poland repeatedly, but especially in 1980–81). Attempts to raise labor productivity and to subordinate consumption to production not only run the risk of such major and open opposition by workers, but also tend to be counterproductive. The chronic passive resistance and low morale that this approach produces in the workplace become an obstacle to productivity growth.[5]

Such a policy also depends on the availability of an efficient labor force. However, the labor shortage created by the GDR's expansion of labor-intensive production was exacerbated by the massive outflow of people—especially skilled workers and technical experts—as living standards fell farther behind those of the Federal Republic. Generous resettlement schemes instituted by the Federal Republic encouraged this emigration process. The peak population in what is now the GDR of 19.1 million inhabitants in 1947 fell to 17.1 million by the end of 1962. This decline occurred despite an excess of births over deaths and despite an inflow of prisoners of war, ethnic Germans expelled from former Eastern territories, and a substantial number of Germans (some half million between 1950 and 1964), moving for political reasons from West to East Germany.[6]

After the failure of a 1959 shift in economic policy, which promised a catch-up in living standards with the Federal Republic in two years, the GDR built the Berlin Wall in August 1961 (by which time the GDR had lost more than 3 million people) and closed the border with the Federal Republic. West German industry, which had benefited from the influx of skilled labor from the East, now faced the problem of meeting its labor needs without increasing wages to the point of

undermining profit rates and international competitiveness. The resulting increased demand for workers from other countries was met through a state-organized labor recruitment scheme (including an agreement with Turkey in October 1961) that imported a labor force from among the more skilled workers in the more developed areas of poorer countries (e.g., Turkey, Yugoslavia, Greece, Italy, and Spain).[7]

This guest worker scheme, which had its parallels all over Western Europe as well as, on a much smaller scale, in the GDR, had many advantages. The immigrants were mostly young, healthy male workers who, it was supposed, would come to Germany for a few years while working toward a target of savings, and who could be replaced, if necessary, by other workers. This rotation of workers would make possible the realization of an employers' ideal—pure labor power without the accompanying social costs of child rearing, education, training, and retirement. The scheme would also provide for flexibility in labor supply, in that workers could be imported as needed, and would return and not be replaced in the event of recession, thus saving the cost of unemployment and other welfare benefits.[8]

State management of the labor supply also promised an efficient work force at minimal cost in the GDR. The Wall stabilized the native working population and made possible, in the context of an expanding world economy, the GDR's version of the "German miracle," as West Germany's post–World War II economic performance was called. Supplementary labor needs were met by importing guest workers from poorer countries, especially Poland, while retirees received relatively low pensions and were free to leave the GDR. A West German law designed for postwar expellees and refugees provided an economic incentive for such postretirement emigration, since it entitled GDR citizens to a more generous public pension in the Federal Republic, based on what they would have earned had they worked in the West.[9]

Problems

West Germany

The state, however, proved to be less in control than it seemed. In the Federal Republic, the government organized what the international labor market encouraged, that is, the movement of workers from low-wage to higher-wage sections of the world economy. Foreign workers were treated officially as temporary, mobile labor units, without secure rights of residence or employment, and they lived in fear of the broad, vaguely defined powers of the "foreigners police."[10] The policy of denial of civil and social rights was in certain respects less ruthless than that pursued in Switzerland and certainly milder than that of Saudi Arabia or Kuwait. It was assumed that chronic insecurity of

residence combined with the incentives provided by the labor market would ensure the appropriate mobility, without resort to the kind of mass expulsion of foreign workers that was employed by Nigeria in 1983. But the policy clearly reflected and reinforced the assumption that these workers were to reside in Germany only as long as they met the short-term labor needs of their employers.

The migration of young singles for work came to an end with the onset of world recession and the ban on further immigration of workers from outside the European Community in November 1973. However, the number of foreigners in West Germany did not decline even though their employment fell. On the contrary, they remained stable through the 1970s at about 4 million, and this number increased to 4.67 million in 1982, falling back to 4.41 million in 1984 out of a total population in the Federal Republic of 61.05 million in 1984.[11] Despite fluctuations in the numbers of foreigners employed and the return home of hundreds of thousands after 1973, the rotation of guest workers did not operate as expected. Although foreign workers suffered disproportionately from layoffs, the large majority who stayed in Germany brought in dependents at an accelerated rate and had children at a higher rate than the native population, thereby reversing their relative social-cost advantage. That is, the foreign population cost the German welfare state more and contributed less to it than in the past.[12]

As the historical experience shows, but as German policymakers failed to recognize, temporary labor migration tends generally to turn into permanent settlement and family reunification, whatever the original intentions of the "guests" or their "hosts."[13] In this case, social policy provided further incentive to stay, despite the whittling away of rights to family reunification and the use of such incentives to repatriation as lump-sum reimbursement of the employee's share of social security taxes. Even in the face of an alien culture and racism, Turkish workers found it in many respects preferable to be unemployed in Germany rather than to return home. Unemployment benefits, when claimed, were supplemented by family allowances (*Kindergeld*), public education, and the prospect of a better future for one's children when the economy improved. Political repression in Turkey, especially after 1980, increased the incentive for Turks to stay in Germany.[14]

The "guests" stayed, their families joined them, and a generation of immigrant children was born (at much higher than German birth rates) who knew no home but Germany but were deprived of German citizenship. The Federal Republic became, despite its intentions and official rhetoric, a country of immigration, and, as Stephen Castles puts it, "West Germany had unintentionally acquired an ethnic minority population."[15] There were, arguably, still advantages to capital and the state in that immigrant labor (1) filled jobs that German workers would not take (especially in low-wage, labor-intensive sectors of the

economy), (2) became the scapegoat for economic failure and unemployment, (3) allowed a sense of privilege among native German workers, dividing them from the immigrant part of the working class, and (4) partially compensated for the low birth rate of the German population. But utilization of foreign labor became a less flexible instrument of labor-market policy, its social costs increased, and the capacity of the state to manage the program proved weaker than federal officials and employers had assumed.[16]

East Germany

The GDR also proved less able to manage its labor needs than it first appeared. Although the Wall certainly worked to its economic advantage, it exacerbated the regime's chronic political problem—the GDR's lack of legitimation as a national entity among its own population. The government was able to manage a modest "exchange of labor power" with neighboring Council of Mutual Economic Assistance (CMEA) countries, especially Poland, without becoming inadvertently a country of immigration.[17] But the experience with Polish workers, about which little official information is available, is not regarded as a success. The workers were either unskilled, requiring training which benefited the Polish more than the GDR economy, or were specialists who had to be paid in hard, Western currency that the GDR could ill afford. Many East Germans also resented the increased competition for scarce consumer goods.

Family Policy and Labor Supply

An obstacle to state management of the labor supply in both East and West Germany has been the low German birth rate. Both states have suffered chronic labor shortages, and both the use of guest workers and the prevention of emigration were problematic solutions. Low birth rates pose problems in terms both of labor needs and of long-term dependency ratios. The proportion of the population over 65 years old has been rising dramatically, in the Federal Republic from 9.3 percent in 1950 to 16.5 in 1980 to a projected 22.2–28.7 percent in 2030. This trend will result in less than 1.5 workers per retiree in 2035.[18]

East Germany

Like other states with low birth rates, the GDR and the Federal Republic have both adopted strongly pronatalist family policies, including paid maternity leave with job protection, birth grants, social security credits for child rearing, and family allowances.[19] In the GDR, new couples may receive interest-free loans, which are progressively forgiven with

the birth of each child, mothers may receive paid time off work for the care of a sick child, and an additional one day per month for regular housework duties.

When, in March 1972, the GDR legalized abortion up to the twelfth week of pregnancy, the immediate effect was a dramatic acceleration of the decline in the birth rate. In April 1972, however, a number of measures were adopted which were designed to facilitate and encourage childbearing. Since close to 90 percent of East German women worked outside the home (the proportion is still higher today), these measures were especially designed to ease the coordination of maternal and work roles. They included the extension of maternity leave from 8–12 weeks, an increase in the lump sum paid by the state out of general revenues for each birth to M 1,000, the easing of working conditions for mothers with two or more dependent children, and financial assistance for child care in cases where publicly provided day care was unavailable.

There was a partial recovery in the birth rate in 1973, and additional pronatalist steps followed in 1976. These included the extension of maternity leave to 20–22 weeks. The working week was reduced to 40 hours (from 43¾) for all working women with two or more children and, most important, mothers received a full "baby year" (*Babyjahr*) for each child after the first. This benefit entitles mothers, after they have taken their paid maternity leave (which provides average net earnings from 6 weeks before birth to 20 weeks after), to remain at home until the child's first birthday. During this period they receive a monthly allowance that corresponds to sick pay, but with a minimum amount (currently M 250 for one child and M 300 for two). The benefit corresponds to 60–90 percent of the recipient's salary. Since May 1986, the *Babyjahr* has been available to the mother of a first child, too. Not only is the job guaranteed to the woman at the end of the year, but she also receives an extra year's credit for her pension entitlement. This credit for child rearing extends to women who have raised five or more children but have never worked for wages: they are entitled to a minimum pension. In these cases there is an implicit recognition of the principle that rearing a child constitutes a "contribution in kind" to the social insurance system, an essential part of the intergenerational contract. The position of mothers of three or more children was improved by a further set of measures in 1984, including the extension of paid leave to 18 months in the case of third and subsequent children. These measures backed up the official three-child norm with preferential treatment in housing, health care, allocation of day care and kindergarten places, vacations, and meals in preschool. In 1986, family allowance benefits were increased substantially and the *Babyjahr* was extended to mothers of first children.

Of all family policy measures adopted in any modern state to raise birth rates, the *Babyjahr* has been the most demonstrably successful.[20]

Exactly 9 months after the implementation of the 1976 reforms, that is, in March 1977, the number of births increased sharply and has been maintained at a higher rate than in the mid-1970s, despite some retreat in the 1980s.[21] It is, therefore, an interesting illustration of the limits states confront in attempting to manage or influence the reproduction of their labor forces. Since the large majority of women (90%) take the full year of paid leave rather than the statutory six months' maternity leave, the measure is extremely costly. The total costs of programs in support of women and the family rose about 70 percent, from M 3.5 billion in 1970 to M 5.9 billion in 1977, after the reforms of 1972 and 1976 were in place.[22] These expenditures inevitably compete with other economic priorities such as debt repayment and capital investment, both essential in view of the GDR's weak competitive position in relation to the newly industrialized countries and the pressures from the Soviet Union (and other potential customers) to produce "hard goods" at world standards.

There is also a conflict between the long-term need to replace the population through childbirth and the immediate need for female labor. Pregnancy is, for the employer, relatively unpredictable, and in industries such as textiles that employ a high proportion of women of childbearing age, the obligation to provide for an unknown number of year-long leaves, with the right to return at the end of it, is burdensome. The *Babyjahr* program can also create resentment among older women, for whom such measures were not available and who have to compensate for the work of the absent women. Ideologically, there is also a contradiction, or at least a tension, between the emphasis on the equality of the sexes and the liberating power of work outside the home on one hand, and the high valuation of motherhood and the virtues of the three-child family on the other hand. Almost all women who are able to do so have one child in the GDR, but the cost of two, and especially three, in terms of career is seen as prohibitively high by professional and technically qualified women. They have been quick to observe that the *Babyjahr* provisions assume that the full burden of early child rearing falls on the mother, despite the official position that men should participate equally in the domestic sphere. It is striking that the 1986 decree, which extends the paid leave to mothers of first children and which provides for paid leave to take care of a sick child when a working mother has two or more children, speaks almost exclusively of mothers. Husbands are mentioned only once, in a clause which allows them, or grandmothers (but not grandfathers), to claim the paid leave to take care of a sick child in cases where there is a special justification. The only such justification mentioned in the law is the professional activity of, or acquiring of qualifications by, the mother.[23] The effect of these demographically oriented family policy measures is to ease the burden of child rearing for women who work (that is, almost all women), but to do so in such a way as

to reinforce, materially and ideologically, the traditional division (roles between the sexes. This is in direct contrast to other social la\ in particular the family legislation of 1965, which declared housewor and the raising of children to be the joint responsibility of both parent

The *Babyjahr* and related provisions have clearly conferred enormou benefits on East German women. But despite their considerable cos and despite their being among the most far-reaching pronatalist me. sures in the world, these benefits have not been sufficient to solve th demographic problem. The birth rate, though higher than in the Fe(eral Republic, remains below that required for replacement of th population, which continues to decline slowly. The net reproductio rate was 1.05 in 1970 (1.00 being required to maintain a stable po| ulation), .74 in 1975, rising to .96 in 1980, but down to .86 in 198: The declining number of women of childbearing age is expected t result in a new low between 1990 and 1995. The comparable figur(for the Federal Republic are .95 (1970), .68 (1975 and 1980), and .6 (1983).[24]

It may well be that a mix of cheap and adequate housing, increase child-care provision, and substantial financial incentives are the measur(needed to compensate women for the opportunity costs of child rearin in advanced industrial societies. However, the East German experienc(historically and culturally specific as it is, suggests that these benefi have to be provided at a very high level indeed to be fully effectiv(a higher level than the demands of competition in the world econor will at present allow.

West Germany

West Germany enjoys higher productivity than the GDR, and mor room for expansion of its female labor-force participation rates (current little over 50% compared with over 90% in the GDR).[25] As a resu of immigration of ethnic Germans from Eastern Europe and of gue workers and their families, the Federal Republic's population, almo four times that of the GDR, continued to grow until the mid-seventie after which it began a gradual decline. The West German birth rat(however, is even lower than that of the GDR. There were 13.4 li\ births per 1,000 inhabitants in 1970, but only 9.5 in 1984. (For th GDR, the figures are 13.9 and 13.7.) The trend in fertility, measure by live births per 1,000 women between 15 and 45 years of age, also strongly down, from 67.2 in 1970 to 43.6 in 1984. In the GDI in contrast, fertility declined from 70.1 in 1970 to a low of 52.3 i 1975 and stood at 63.2 in 1984. In both states, birth rates and fertilit rose in the late 1970s—dramatically in the GDR—and have sinc resumed their decline.[26]

In the Federal Republic, the state and social insurance system suppo and protect the raising of children through a complex array of measure

These are broadly similar to those of the GDR but more differentiated according to the insurance status of the mother. They include a compulsory leave (i.e., employment is forbidden) 6 weeks before giving birth to 8 weeks after, or 12 weeks after in the case of premature or multiple births. Every mother or father who acts as the primary care giver for her or his baby receives a monthly child-rearing allowance (*Erziehungsgeld*) from the state, regardless of previous employment or insurance status. For the first 6 months of the child's life this benefit, in effect since January 1986, consists of a universal flat payment of DM 600 per month. Over the next 4 months (since January 1988, 6 months), payments continue subject to reduction if family income exceeds certain limits. Part-time work of less than 19 hours per week is permitted during this parental leave (which may be taken by either parent or shared between them). The parent also receives recognition for child rearing as a contribution in kind to the social security system in the form of credit for 1 year of coverage.[27]

The most important ongoing universal cash provision for the costs of child rearing is the family allowance (*Kindergeld*). This benefit, which is not indexed for inflation, has remained at DM 50 per month for the first child since 1975. Benefit levels, however, have risen for subsequent children. For the second child the payment is DM 100 (up from DM 70 in 1975 but cut back from DM 120 paid in 1981), for the third child DM 220 (DM 120 in 1975, DM 240 in 1981), and DM 240 (DM 120 in 1975, DM 240 in 1981) for the fourth and subsequent children. Since 1983 a means-test element has been added to this program too, so that for families with incomes above certain limits, the *Kindergeld* payment is reduced to DM 70 for the second child and to DM 140 for the third and subsequent children. A contrast is evident in this program with the East German family allowance scheme. In West Germany, *Kindergeld* has been one target of welfare-state cuts by the Kohl government, which reversed the Socialist-Liberal (SPD-FDP) policy of eliminating tax deductions for children and increasing family allowances. In the GDR, by contrast, the government improved benefits substantially in the 1980s (albeit from very low levels) in pursuit of its pronatalist social policy. There, the universal flat-rate family allowance scheme paid, from 1969 to 1981, M 20 for the first and second child, M 50 for the third, M 60 for the fourth, and M 100 for the fifth and subsequent children. Since May 1987 payments have been M 50 for the first child, M 100 for the second, and M 150 for each subsequent child.[28]

In view of the generosity and comprehensiveness, by American standards, of West German family policy, it is striking how little it seems to encourage people to have children. The measures that support the cost of bearing and rearing children are evidently insufficient to offset the concerns that young adults raise about becoming parents. Surveys show these concerns to include the financial disadvantages of

having children, inadequate housing, lack of child care, loss of personal freedom, difficulty of combining work and parenting roles, and a perceived negative social attitude toward children as well as fear for the future.[29] West German family policy addresses many of these concerns, and its extensiveness may be seen as expressing a positive social attitude toward children. However, higher living standards and lower female labor-force participation may make fertility behavior less responsive to pronatalist measures in West than in East Germany. For an East German mother of one who is employed full time for low wages until retirement, the prospect of a year off work with pay may be a strong incentive to have a second child. A more affluent West German mother who works part-time or not at all may be less impressed even by very generous measures.

If family policy has had no discernible positive effect on birth rate or fertility in the Federal Republic, it did have a striking, albeit short-term and unintended, impact on the number of children in the country. The use of immigrant labor to meet the immediate needs of the postwar boom did not, as we have seen, work out as planned, but created new, permanent ethnic minorities, with attendant social costs, within the Federal Republic. When the recruitment of new foreign workers was stopped in 1973, the numbers of foreigners in the country did not decline. Workers already living in West Germany brought in family members, and in the case of the largest ethnic minority, family reunification led to a substantial rise in the total number of Turks in the country.[30]

This process was inadvertently reinforced by changes in the law on family allowances, which the Federal Republic pays not only for German children and foreign children living in Germany but also in cases where foreign workers reside in Germany but their children remain in their native countries. Under a number of bilateral agreements, Greek, Portuguese, Spanish, Turkish, and Yugoslav workers had the same rights as migrants from European Economic Community (EEC) countries to receive *Kindergeld* for children living in their home countries. When, in the 1975 reform of the family allowance system, benefit levels were increased substantially and made available also for the first child, payments continued on the old, lower basis for children still living at home in non-EEC countries. The only exception was that DM 10 per month was now paid for such first children, compared with DM 50 for children living in the Federal Republic (and nothing for any first children prior to 1975). For large families, the difference in entitlement according to where the children lived could amount to several hundred Deutschemark per month. Combined with the other social, educational, and political benefits of residency in the Federal Republic, this difference in benefit levels provided a substantial incentive to complete the process of family reunification and to avoid sending children back to their native countries.[31]

The original aim of the guest-worker scheme, the temporary employment of "pure labor power" without the social costs of reproducing a native labor force, was not realized. The influx of children, however, and the higher birth rate of migrants, could be seen as alleviating the demographic problem that beset the country's social security system. The entry of the spouses and children of guest workers was indeed seen in this light in the official Kühn Memorandum of 1979, a report on the situation of foreign workers and their families produced for the federal government by the former prime minister of Northrhine-Westphalia.[32] The immediate effect of this immigration, however, was an increase in social and educational costs, and the long-term impact depends on the skill level and earning capacity attained by the immigrant children. The higher birth rate is, in any case, a factor of small and declining significance. In 1975 the net reproduction rate of foreigners in the Federal Republic was 1.1, compared with .64 for Germans, and an overall total of .68. Since then the rate for foreigners has declined more rapidly than the rate for Germans, so that the two rates have been converging: in 1983 it was .72 for foreigners, .62 for Germans, and .63 overall.[33]

The effect of differentiating *Kindergeld* payments by residence of the child was not to reduce costs but to reinforce the tendency toward family reunification and permanent settlement. The demographic outcome was an unintended modest "windfall" of children, but not a significant impact on the birth rate.

Can States Manage Their National Labor Supplies?

In attempting to manage its national labor supply, each German state not only confronted severe shortages, but also exacerbated the problem for the other. The GDR had to contend with a more economically and politically attractive German neighbor and a divided city at its heart. Its success in stopping the outflow of its labor force by walling it in worsened the labor-supply problem for the Federal Republic, which responded with a guest-worker scheme.

Each solution, however, carried with it problems of its own. The Wall intensified the GDR's legitimation problems and, as the experience of the 1970s was to show, could not ensure that the population behind it would reproduce itself. The guest workers of West Germany did not provide the temporary supply of pure labor power that had been projected, nor did the permanent settlement of new ethnic minorities with temporarily much higher birth rates provide a long-term compensating mechanism for the low German birth rate. The demographic problem, which confronts the social security program with a growing proportion of retirees to be supported by a shrinking workforce, remains unresolved.

The consequences of these developments for the welfare state, an therefore for the state's capacity to manage the reproduction of th labor force, are political as well as economic. The West German labo movement has historically been a main pillar of support for the welfar state. Labor leaders have not, however, taken a consistently proim migrant position, working for equal social and political rights and th full incorporation of the immigrant work force into the labor movemen The ambivalence of the unions and the Social Democratic party in th face of migration for work has contributed to the weakening both c labor and of the welfare state.[34] As Gary Freeman argues, "When th welfare state is seen as something for 'them' paid for by 'us,' its day as a consensual solution to societal problems are numbered. The injectio of race into European welfare politics has already produced a coarsenin of public discussion and bodes ill for the future of the welfare stat in a time of severe fiscal stress."[35] In short, the tendency, apparent i the Federal Republic as in other Western European countries, is towar an Americanization of the welfare state, that is, toward a growth o social divisions within the labor force, a loss of political consensus, an a weakening of the sense of social solidarity and mutual support o which it rests. Privatization and selectivity, with benefits increasingl targeted on the poor and minority populations, both express an reinforce this tendency.

If the importing of foreign workers and the walling in of the nativ working class have proved problematic as state strategies, two othe approaches—that of a pronatalist social policy and of promoting higl levels of female labor-force participation—have the disadvantage o working against each other. It is true that the long hours of low-pai and low-prestige labor performed by most women in the GDR mak the *Babyjahr* an especially attractive alternative. But the immediat need for such labor conflicts with the long-term need to raise a ne generation of workers. The very high take-up rate of the *Babyjahr* b working women creates both a heavy social welfare cost and immediat labor-supply problems. The promotion of the norm of the three-chil family, together with the gender-specific character of the *Babyjahr* an related measures, conflicts with the official norm and goal of full sexu equality in the home as well as outside it.

More important, from the point of view of economic managemen this pronatalist strategy conflicts with the full exploitation of wome as participants in the labor force. The implementation of a compre hensive pronatalist policy is also very expensive and runs up agains more immediate economic constraints.[36] One result of such pressure is that housing, despite its centrality to East German social policy, i in too short supply to be able to function very effectively as an incentiv to childbearing, since a family is likely to have to wait several year after the birth of a child before being assigned larger accommodation

In general, and in contrast to the views of the West Berlin demographer Heinz Vortmann, East German demographers are pessimistic about the capacity of existing family policy or any politically conceivable family policy to have a significant long-term impact on birth rates.[37]

It is too early to assess the effects of the child-rearing allowance (*Erziehungsgeld*) in West Germany. The move toward selectivity in such programs, including *Kindergeld*, however, makes the benefits more cost-effective in meeting need at the expense of replacing a still-lower proportion of the earnings of higher-paid workers than a flat-rate program would. We may perhaps generalize that the more governments are pushed by fiscal pressures or ideology toward a selective, needs-oriented approach to family policy, the less effect social benefits are likely to have as incentives for child bearing among the better-paid skilled, technical, and professional segments of the work force. In any case, there is good reason to doubt that child rearing or family allowances will significantly affect birth rates in the Federal Republic, notwithstanding their value in relieving poverty and financial hardship among children and their parents or in partially socializing the costs and reducing the child-rearing burden borne by parents.

Chronic labor shortages and declining populations gave both German states especially strong reasons to manage their labor supplies, whether by restricting emigration, organizing (and then stopping) immigration, supporting child rearing, or encouraging the employment of women. A strong statist and social welfare tradition facilitated such efforts. It would be wrong to suggest that the outcome of these policies proves that states are incapable of managing their labor supplies, even when they have every reason for trying to do so. The Wall stands, after all, and new labor migration into the Federal Republic has been largely halted (although admission of Turkey as a full member of the European Economic Community would dramatically change this situation). The GDR has attained the world's highest female labor-force participation rates while arguably achieving at least some temporary success in sustaining the birth rate.

The limited and questionable character of these achievements, however, in spite of the drastic measures they required, casts doubt on the capacity of modern states to regulate the supply of labor within their national territories. Some of the measures they have adopted may be justified on grounds other than their effect on the size of the national work force—such as alleviating or preventing poverty among women and children, enabling parents to fulfill their own wishes for a given number of children, or recognizing the contribution in kind to social security that a child represents. But the case of the two German states does suggest that, as organizer of the reproduction of labor power within a national territory, the welfare state, even at its strongest, is severely limited in its capacity to enforce the intergenerational contract

on which it depends. The German case also points to the proble inherent in attempting to compensate for this limited capacity, eitl by recruiting foreign workers on a temporary basis or by preventi native workers from leaving.

Notes

In addition to the cited documentary and secondary sources, this article draws interviews with East and West German scholars and public officials concerned w social security and family policy, conducted in 1984, 1986, and 1987 I gratefully knowledge the hospitality and support of the Max Planck Institute for Foreign International Social Law, Munich, and of the Center for European Studies, Harv University

1 Because of the services and financial protection they provide to their eld parents, children may still be, *in small numbers*, a good long-term investment The c are immediate, however, while the benefits are postponed to the distant future and not widely recognized by young couples As female employment and wages rise, f thermore, so do the opportunity costs of childbearing See William P. Butz and Mich O Ward, "The Emergence of Countercyclical U S Fertility," *American Economic Rev* 69 (June 1979): 318–28 On the effect of social security in reducing the incentive have children, see Charles F Hohm, "Social Security and Fertility An Internatio Perspective," *Demography* 12 (November 1975) 629–44, and Steven Swidler, "The C Age Security Motive for Having Children and the Effect of Social Security on Comple Family Size," *Quarterly Review of Economics and Business* 26, no 2 (Summer 1986) I 34

2 For a recent discussion of this question from a "decline of the West" perspect see Ben J Wattenberg, *The Birth Dearth* (New York Pharos, 1987), for a more so account of demographic developments in Europe, see Dirk J van de Kaa, "Euro Second Demographic Transition," *Population Bulletin*, vol 42, no 1 (Washington, D Population Reference Bureau, March 1987) Useful but less recent accounts of E European experience are provided by Henry P David, "Eastern Europe Pronata Policies and Private Behavior," *Population Bulletin*, vol 36, no 6 (February 1982), Henry P David and Robert J McIntyre, *Reproductive Behavior Central and Eastern Europ Experience* (New York Springer, 1981)

3 Nathan Glazer, "The Limits of Social Policy," *Commentary* 52, no 3 (1971) 5 58

4 Deutsches Institut fur Wirtschaftsforschung (DIW), ed , *Handbuch DDR-Wirtsc* (Reinbek bei Hamburg Rowohlt Taschenbuch, 1985), pp 29–31, Jurgen Strassbur "Economic System and Economic Policy The Challenge of the 1970s," in *Policymak in the German Democratic Republic*, ed Klaus von Beyme and Hartmut Zimmerm (New York· St Martin's, 1984), pp 109–43

5 Chris Harman, *Class Struggles in Eastern Europe, 1945–1983* (London. Pluto, 19 Bogdan Mieczkowski, "The Relationship between Changes in Consumption and Poli in Poland," *Soviet Studies* 30, no 2 (1978) 262–69

6 Strassburger, p 116, Alan Dowty, *Closed Borders The Contemporary Assault on Free of Movement* (New Haven, Conn Yale University Press, 1987), p 122

7 Hermann Korte, "Labor Migration and the Employment of Foreigners in Federal Republic of Germany since 1950," in *Guests Come to Stay The Effects of Europ Labor Migration on Sending and Receiving Countries*, ed. Rosemarie Rogers (Boulder, Co Westview, 1985), pp 29–49

8 Even in strictly economic terms, however, there is an argument that import foreign labor had negative consequences for the West German economy in tha relieved the pressure for, and hence slowed down, the rationalization of indust production See, e g , Klaus-Werner Schatz, *Wachstum und Strukturwandel der westdeuts Wirtschaft im internationalen Vergleich* (Tubingen J C B Mohr, 1974), p 42 For opposite view, that labor immigration was vital to continued economic growth, Wissenschaftlicher Beirat beim Bundesminister fur Wirtschaft (FRG), *Probleme der A*

länderbeschäftigung (Bonn: Bundesministerium für Wirtschaft, 1974), and Christian Rosenmüller, "Volkswirtschaftliche Aspekte der Ausländerbeschäftigung," *Bundesarbeitsblatt* 4 (1970): 231–35. For a summary discussion in English, see Korte, pp. 44–46.

9. Helmut Kaltenbach, "Fremdrentengesetz—ein Gesetz auf dem Prüfstand" (lecture delivered at the Tenth Press Seminar, Federal Insurance Institution for Salaried Employees [BfA], West Berlin, April 25–26, 1983).

10. Stephen Castles, *Here for Good: Western Europe's New Ethnic Minorities* (London: Pluto, 1984), pp. 75–85.

11. Statistisches Bundesamt, *Statistisches Jahrbuch für die Bundesrepublik Deutschland* (Stuttgart and Mainz: W. Kohlhammer), various years.

12. Castles, pp. 71–85; Korte; Friedrich Heckmann, "Temporary Labor Migration or Immigration? 'Guest Workers' in the Federal Republic of Germany," in Rogers, ed., pp. 69–84; Knuth Dohse, "Ausländerpolitik und betriebliche Ausländerdiskriminierung," *Leviathan: Zeitschrift für Sozialwissenschaft* 9, nos. 3/4 (1981): 499–526.

13. Castles; Heckmann, esp. pp. 79–82; James F. Hollifield, "Immigration Policy in France and Germany: Outputs versus Outcomes," *Annals of the American Academy of Political and Social Science* 485 (May 1986): 113–28.

14. Castles, pp. 143–49; Gary P. Freeman, "Migration and the Political Economy of the Welfare State," *Annals of the American Academy of Political and Social Science* 485 (May 1986): 51–63.

15. Castles, p. 74.

16. Hugo Reister, *Ausländerbeschäftigung und Ausländerpolitik in der Bundesrepublik Deutschland* (Berlin: Fachhochschule für Verwaltung und Rechtspflege, 1983), pp. 33–34.

17. Bundesministerium für innerdeutsche Beziehungen (FRG), *DDR Handbuch*, vol. 1 (Cologne: Verlag Wissenschaft und Politik, 1985), 1:63; for a discussion of the principles of "exchange of labor power between socialist states," see Eva-Maria Elsner, "Zum Arbeitskräfteaustausch zwischen sozialistischen Staaten," in *Zu Arbeiterwanderungen und zur Fremdarbeiterpolitik im Imperialismus*, ed. Wilhelm-Pieck-Universität Rostock (Rostock: Wilhelm-Pieck-Universität, 1983), pp. 33–37.

18. Richard F. Tomasson, "Government Old Age Pensions under Affluence and Austerity: West Germany, Sweden, the Netherlands, and the United States," *Research in Social Problems and Public Policy* 3 (1984): 217–72; Karl Heinz Jüttemeier and Hans-Georg Petersen, "West Germany," in *The World Crisis in Social Security*, ed. Jean-Jacques Rosa (Paris and San Francisco: Fondation Nationale d'Economie Politique and Institute for Contemporary Studies, 1982), pp. 181–205; Heinz Grohmann, "Die gesetzliche Rentenversicherung im demographischen Wandel," in *Sozialbeirat: Langfristige Probleme der Alterssicherung in der Bundesrepublik Deutschland* (Bonn: Bundesminister für Arbeit und Sozialordnung, 1981), pp. 5–94.

19. These measures are described and compared in detail in Bundesministerium für innerdeutsche Beziehungen, ed., *Materialen zum Bericht zur Lage der Nation im geteilten Deutschland, 1987* (hereafter cited as *Materialen*) (Bonn: Bundesministerium für innerdeutsche Beziehungen, 1987), pp. 585–89; Gisela Helwig, *Frau und Familie: Bundesrepublik Deutschland—DDR* (Cologne: Verlag Wissenschaft und Politik, Berend von Nottbeck, 1987), pp. 66–105. Useful works in English that discuss family policy in the GDR include Helga Michalsky, "Social Policy and the Transformation of Society," in *Policymaking in the German Democratic Republic*, ed. Klaus von Beyme and Hartmut Zimmermann (New York: St. Martin's, 1984), pp. 242–71; G. E. Edwards, *GDR Society and Social Institutions: Facts and Figures* (London: Macmillan, 1985); Sheila B. Kamerman and Alfred J. Kahn, *Child Care, Family Benefits, and Working Parents: A Study in Comparative Policy* (New York: Columbia University Press, 1981); Henry Krisch, *The German Democratic Republic: The Search for Identity* (Boulder, Colo.: Westview, 1985); Martin McCauley, *The German Democratic Republic since 1945* (New York: St. Martin's, 1983); Marilyn Rueschemeyer, *Professional Work and Marriage: An East-West Comparison* (New York: St. Martin's, 1981); and C. Bradley Scharf, *Politics and Change in East Germany: An Evaluation of Socialist Democracy* (Boulder, Colo.: Westview, 1984). Unlike the two West German sources cited first, none of these reflects recent changes in the law. The most useful East German discussion of the family policy measures and demographics of the GDR is Wulfram Speigner, *Kind und Gesellschaft: Eine soziologische Studie über die Geburtenentwicklung in der DDR* (Berlin: Akademie-Verlag, 1987).

20. It may be necessary to modify this claim when the medium-term consequences of the ultracoercive pronatalist measures announced in Romania in 1984 become clear. These include the threat of up to 25 years' imprisonment or even death for doctors who perform abortions except under very strict conditions, extra taxation of childless couples, and compulsory pregnancy tests for women aged 20–30, followed by a monthly checkup in the event of pregnancy. See Van de Kaa (n. 2 above), p. 30.

21. Heinz Vortmann, "Geburtenzunahme in der DDR—Folge des 'Babyjahrs'. Geburtenentwicklung und Familienförderung in der DDR," *Vierteljahrshefte zur Wirtschaftsforschung* 3 (1978): 210–32; the analysis is updated in *Materialen*, pp. 259–64.

22. Michalsky.

23. German Democratic Republic, *Gesetzblatt der DDR, 1986* 1, no. 15 (April).

24. *Materialen*, p. 264; Kurt Lungwitz, "Probleme der demographischen Entwicklung bei der weiteren Gestaltung der entwickelten sozialistischen Gesellschaft in der DDR," *Wirtschaftswissenschaft* 27, no. 7 (1979): 769; Helwig, "20 Jahre Familiengesetzbuch. Tradition und Fortschritt in der Familienpolitik der DDR," in *Tradition und Fortschritt in der DDR*, ed. Ilse Spittmann-Ruhle and Gisela Helwig (Cologne: Edition Deutschland Archiv, 1986), pp. 118–28.

25. Helwig, *Frau und Familie*, pp. 40–41.

26. *Materialen*, p. 261.

27. Ibid., p. 586; Gerhard Igl, *Kindergeld und Erziehungsgeld: Bundeskindergeldgesetz, Bundeserziehungsgeldgesetz* (Munich: Beck, 1986).

28. *Materialen*, p. 588. These amounts are useful in showing the direction of change, but comparison of East and West German benefit levels requires some care. Within the GDR, the West German Deutschemark (equivalent in December 1988 to approximately US$0.56) exchanges one for one with the GDR mark. Because of the heavy East German subsidy of basic necessities, however, a mark (from East or West) will buy much more food or housing in the GDR than a West German Deutschemark will buy in West Germany. The East German mark is not convertible and cannot legally be taken out of or into the GDR. The question of comparative living standards and the relative value of wages and benefits is thus complex, controversial, and beyond the scope of this article.

29. Helwig, *Frau und Familie* (n. 19 above), pp. 74–76; Alexander von Cube, "Europeans an Endangered Species?" *Population Today* 14, no. 10 (October 1986): 6–7.

30. Korte (n. 7 above), p. 36.

31. Ibid., pp. 36–37.

32. Heinz Kuhn, *Stand und Weiterentwicklung der Integration der ausländischen Arbeitnehmer und ihrer Familienangehörigen in der Bundesrepublik Deutschland*, Memorandum des Beauftragten der Bundesregierung für Gastarbeiterfragen (Bonn, 1979). For the political context and fate of this report, see Castles (n. 10 above), pp. 80–81.

33. *Materialen* (n. 19 above), p. 264.

34. Castles, pp. 149–57; Stephen Castles and Godula Kosack, "How the Trade Unions Try to Control and Integrate Immigrant Workers in the German Federal Republic," *Race* 15, no. 4 (1974): 497–514. See also Gary P. Freeman, *Immigrant Labor and Racial Conflict in Industrial Societies: The French and British Experience, 1945–1975* (Princeton, N.J.: Princeton University Press, 1979).

35. Freeman, "Migration and the Political Economy of the Welfare State" (n. 14 above), p. 62.

36. These constraints include the need to restrain domestic consumption in order to meet the burdens of debt repayment, increased military spending, capital investment, and the intensification and rationalization of production needed to make better use of imported energy and raw materials. See, e.g., Sarah M. Terry, "The Implications of Economic Stringency and Political Succession for Stability in Eastern Europe in the Eighties," in *East European Economies: Slow Growth in the 1980's*, U.S. Congress, Joint Economic Committee (Washington, D.C.: Government Printing Office, 1985), 1:502–40; David Childs, *East Germany to the 1990s: Can It Resist Glasnost?* Special Report no. 1118, Economist Intelligence Unit (London, December 1987).

37. Vortmann (n. 21 above); Heinz Vortmann, "Population Trends and Population Policy in the German Democratic Republic," *Materialen zur Bevolkerungswissenschaft* (Bundesinstitut für Bevolkerungsforschung, Wiesbaden) 13 (1979): 185–208; for a GDR

perspective, discussing the "very dramatic future problems" facing the social security system, notwithstanding the all-time low dependency ratio reached in 1985 as a result of the combination of baby boom adults and current low birth rates, see Thomas Buttner, Wolfgang Lutz, and Wulfram Speigner, "Some Demographic Aspects of Aging in the German Democratic Republic," Working Paper no 87-116, International Institute for Applied Systems Analysis (Laxenburg, Austria, November 1987) See also Dagmar Meyer and Wulfram Speigner, "Bedurfnisse und Lebendsbedingungen in der Entscheidung der Frau uber ein drittes Kind," *Jahrbuch fur Soziologie und Sozialpolitik, 1982* (Berlin [GDR]: Akademie-Verlag, 1982), pp 131–46, Speigner (n 19 above)

Radical Movements in the Social Services: A Theoretical Framework

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This article, based on research of a population of radical social workers active in the last decades, develops a theoretical framework for assessing radical movements among social service workers. In comparing these recent movements with those of the 1930s and 1940s, the author suggests a three-stage progression in which social unrest led by client groups stimulates groups of social service workers to ally with protesters, a second period characterized as "militant professionalism" in which radical social workers develop strong critiques of professional leadership, and finally a period of "absorbed" radicalism in which relative peace is established with the mainstream of the profession. The author emphasizes key social and economic factors related to the rise and fall of social worker radicalism.

There has been a recent resurgence of interest in the radical social workers of the 1930s, partly coinciding with the rediscovery of the works of Bertha Capen Reynolds and publications in commemoration of her birth.[1] Recent articles have noted the importance of the Left in social work, not only as an interesting subject, but as an important agent of change in the social services and social policy. For example, radical movements of the 1930s were critical in moving the profession toward support of public services and unionization, and toward an emphasis on social and environmental causation.[2]

Like the 1930s, social movements in the 1960s and 1970s had a dramatic effect on social work. As noted by many observers, social

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work in these years went through important paradigm shifts in its practice; important changes in the structure of its educational institutions and professional organizations; and major changes in its focus on social action and social change.[3] Nevertheless, there has been a surprisingly small amount of literature on the activities, influence, or ideology of radicals in social work in the most recent period of social unrest, the 1960s and 1970s.[4] Moreover, there has been an absence of analytic historical or sociological study of how these movements rise and fall, how they change, and how they interact with professional leadership.

This article, based on my research on an important group of contemporary radical social workers and a review of secondary material on the radical movements of the 1930s, seeks to develop a theoretical framework to explain the processes involved in radical movements within the social work profession.[5] This article stresses the many similarities between radical movements in the social services of the 1930s and 1940s and those of the 1960s through the 1980s, noting both the importance of these movements and the strong constraints on such movements.

The Research Study

As was noted by observers who studied the student movement and the New Left in the 1960s, studies of radical activists present unique methodological problems.[6] Many radical organizations do not keep "official" records or membership lists for reasons of confidentiality and past repression. Historically, radicals have been resistant to studies by social scientists because of suspicions about the use to which such research would be applied.[7] Further, the influence of radical groups may also be denied by nonradical leaders who may be influenced by certain publications or have informal ties with radical leaders but prefer these connections to remain unknown. For these reasons, access to populations of radicals is of key importance for research studies, and it is doubtful that anyone but an "insider" would be able to secure sufficient cooperation and data to conduct an adequate study.

My participation in several organizations of radical social workers during the 1970s and 1980s allowed for a three-pronged research strategy.[8] In-depth interviews were conducted with past and current members of the *Catalyst* collective based in New York City, a group whose activities include publishing *Catalyst*, the oldest continually published radical social work journal.[9] The subjects' resumes and past writings were used during interviews to construct a history of a population of radicals. Historical records of minutes of *Catalyst* meetings, tape recordings, and internal memoranda of the group were collected and examined. In addition to the two dozen in-depth interviews with

collective members, a historically focused group interview was conducted with a number of participants who had spent the greatest amount of years active in the collective, to further develop the context of the study.[10]

Although the study's subjects were selected based on their involvement with the *Catalyst* collective, many subjects had also been members of other radical organizations such as Social Workers Action for Welfare Rights (SWAWR), the Radical Alliance of Social Service Workers (RASSW) based in New York, and the Union of Radical Human Service Workers (URHSW) and the Coalition for Basic Human Needs (CBHN), both based in Boston. Some were current members of radical social service groups such as the national Bertha Capen Reynolds Society (BCRS).

A Historical Framework

In this article, interview data and documentary material collected about organizations of radical social workers are used in a comparative historical fashion. Of particular interest is a comparison of the history of efforts by radicals in the 1960s, 1970s, and 1980s with the efforts of the Rank and File Movement in social work in the 1930s and 1940s. I suggest that the developmental stages implied by Fisher and Spano to understand the history of radicals in the 1930s and 1940s are also applicable to the post-1965 period. While both Fisher and Spano suggest there was an "incipient" or early stage of radicalism (1926–34), a "highpoint" of radical professionalism (1934–36), and a "drive to professionalization" that brought radicals closer to mainstream professionalism (1936–42), I have conceptualized these developments as stages that are also relevant to movements in recent decades. The Appendix suggests the corresponding dates and descriptions of the radical movements of the 1930s and 1940s and the 1960s through the 1980s.

Despite several important distinctions between the social movements of the periods (the somewhat greater numerical size of the 1930s radical groups; the closer association of 1930s groups with successful unionization efforts; and the higher overall level of education among post-1960s radicals), it is suggested that radical movements in social work followed similar patterns and confronted similar dilemmas in these two periods.

Social Unrest and "Client-led" Militancy

Historians have identified the late 1920s and early 1930s as the "incipient period" of radicalism.[11] Early unionization efforts began as considerable anger and militancy grew among social workers (as well as other professionals, e.g., teachers, librarians, and pharmacists) who were

beginning to experience widespread cutbacks, pay cuts, and unemployment. Moreover, social workers were among the first exposed to the massive poverty and despair caused by the Depression. In areas like New York City, the relative sophistication of the workers, their ethnicity, and the beginning influence of the Communist Party of the United States of America (CPUSA) are cited as leading many social workers to Marxism.[12] However, a review of historical material indicates that in this period, the radicalism of these social workers did not focus on changing or attacking the profession of social work. Rather, as suggested in the Appendix, social workers fought to unionize and fought along with "clients" as tenants or as demonstrators themselves, not as a separate movement but as part of a growing movement organized along class lines. In this period, young caseworkers did not see a separation between themselves and their clients. That is, to some degree, they shared their misfortune and dedicated their energies to working side by side with those who were potential clients: the unemployed who marched for relief and jobs, poor tenants who were fighting eviction, and workers who were fighting layoffs and wage cutbacks.

Similarly, in the 1960s, many social movements, such as the civil rights movement, the welfare rights movement, and the community control movement, were controlled or led by potential and actual clients of social work. This in turn stimulated young social workers to support protesters and join militant organizations. In contrast to the young radical social workers of the 1930s who were profoundly moved by the Depression, the young radicals of the 1960s who were social workers tended to see themselves as "privileged" and even as "oppressors" of the poor, particularly blacks and other Third World groups who were profound sources of radicalization.

Indeed, some of the most dramatic militant activities involving social workers occurred in the 1960s. For example, social workers organizing black and Hispanic youth for rent strikes and battles with school superintendents in the New York–based Mobilization for Youth, were attacked by the local media and political leaders of the time as communist influenced.[13] Social workers helped the fledgling National Welfare Rights Organization (NWRO), and at least some supported "toppling the welfare system" by flooding it with so many applicants that it would collapse.[14] In 1969, welfare-rights organizers, joined by radical students and young social workers, helped disrupt the National Conference on Social Welfare (NCSW) by blocking all the doors at the convention until the conference attendees agreed to make a significant financial contribution to NWRO.[15]

As in the early 1930s, the radical social workers were mostly young (in their twenties and thirties), occupied low-level positions such as welfare workers and community action organizers, and did not strongly

identify with the social work profession. Radicals interviewed in t study confirmed that in the 1960s and early 1970s, they were m interested in utilizing their positions in the social services to advar broader political causes. One study subject who was a welfare depa ment worker in the late 1960s and early 1970s recalls, "I saw ı position, I guess, as greatly being one of social control. I wasn't at interested in social work at the time, and certainly not as a career. E the job allowed me to do plenty of political work . . . I could go ir the field and attend demonstrations and . . . use the xerox machin Another subject, a worker at a government planning board in t 1960s, remembers, "I really knew nothing about social work, thou later I did take my master's . . . almost as a lark, since I could get fı tuition and I had no money saved myself. But we felt like we were the middle of a revolution and the social workers were more the ener than anything else. It was the poor, blacks, those at the periphery society who would lead the struggle."

As late as 1971, a radical role in social work was identified primar with community organization as a method area and with services alternative movement organizations.[16] Social workers who were "radic could be "alternative model builders" who served as organizers f community groups, "part-time movement conspirators" who serv as leaders of leftist groups, "radical media messengers" by publishi radical agendas, "life-style actionists" by rejecting middle-class li styles for different values, "new movement organizers" by creati alternative organizations, or "human liberationists" by experimenti with communes or other alternative life-styles.

I have described (see the Appendix) the ideology of this period being minimally identified with professionalism and primarily clie identified. In fact, many study subjects indicated that they were drav to social work in the late 1960s and early 1970s by the opportunity get paid for work that they viewed primarily as political organizi and that they were already engaged in. A former VISTA organiz relates "[I] thought there would be some way of combining my politi beliefs with a job . . . [and I] figured I could do community organizi that I'd get paid for, instead of earning $25 a week like I did. . . had this image of social work trying to meet people's needs and educa people too, like the Black Panther Party was doing." A subject describi his decision to enter a master's program in the early 1970s states, "M decision was totally wrapped up with my politics. . . . I knew exac what I wanted to do. To organize the white working class! . . . Th goal kept me there [in school] and helped me overcome my inferior complex about academia and my ambivalence about being a profe sional."

In contrast to the second and third periods of radical social movemer described in the Appendix, little concern was expressed by radicals

the first period about the practice and paradigms of the profession of social work, about organizing within the profession itself, or about moving social work in a leftward direction. Rather, militancy stemmed from an identification with outside social movements and either ignored or opposed professional identification.

Militant Professionalism

The founding of the journal *Social Work Today* in 1934 and the subsequent Rank and File Movement convention that year, which united many of the discussion groups and radical unions in social work, is seen by historians as creating a distinguishable radical professional movement. Spano locates the "highpoint" of the radical movement in the 2-year period 1934–36. In these years, *Social Work Today* and its leaders attacked the professional leadership as failures, saw the interests of social workers as being reflected in trade unionism as opposed to professionalism, and attempted to draw the social work field to the Left. In many ways, this period was the most visible period of left-wing activism within the profession, as speakers such as Mary Van Kleeck drew standing ovations at the 1934 National Conference of Social Welfare for attacking the New Deal as far too limited and urging social workers to move to a socialist perspective

Organizing within the profession itself and attempting to influence colleagues was a marked shift in the development of the Rank and File Movement. A similar change occurred among radical social workers in the 1970s. Indicative of such changes was the tendency of mid-1970s radical social workers to differ in the following ways from 1960s radical social workers:

1. Rather than viewing themselves as agents of "social control," radical social workers saw themselves as helping, as well as potentially harming, clients. Social workers could play a radical role by helping people develop their consciousness. This led to a new acceptance of and interest in direct practice (casework, groupwork, even psychotherapy) as well as in the more accepted role (for radicals) of community organizer, advocate, and alternative-model builder.

2. Rather than feel guilt about the "privilege" of "middle-class" life, radical social workers would argue they were part of a "new working class" or even the old proletariat. Social workers as *employees* of public and private institutions had an important role—to act in their own interest by unionizing, forming radical caucuses, and developing other worker organizations.

3. Rather than emphasize alternative institutions, radical social workers of the 1970s saw a key role in the "traditional' stablishment" institutions, previously condemned, where most social workers worked. The key institutions of the welfare state—from welfare centers to mental hospitals

to prisons—were the areas where most social workers worked and clients were most oppressed.

These major changes in the social movements among radical social workers, reflected in the Appendix, can be attributed to several factors. First, widespread demographic and employment changes in the late 1960s and 1970s were leading to an increased concentration of "baby boomers" including former new leftists, radical students, and civil rights activists in low-level preprofessional or professional positions. As this baby boom cohort aged, the anticipated unbounded upward mobility, which the prosperous 1960s generation expected, began to be perceived as being blocked. First, a critical mass of young social workers developed, in part because of the ease of obtaining entry-level social service positions with a B.A. in the 1960s. Second, these baby boomers were soon forced to abandon their view of themselves as only temporary occupants of social service jobs. The cost of obtaining further professional training in social work was far less in the early 1970s than it is today, while at the same time heavy competition existed for entry into higher status professions such as law, medicine, or the academic disciplines (all of which required considerably more savings and would not be paid for by employers).

Indeed, many subjects interviewed in this study had planned to enter other professions, but a combination of economic and political considerations about entering law, business, academia, and medicine led them to remain in social work. One subject noted, "Sometimes I think what all this is about, the radicalization of that time, has to do with opportunity theory, like Cloward and Ohlin's. A whole bunch of people whose mobility was blocked and who were educated, children of [the] professional class whose upward mobility was blocked because positions weren't open or as a consequence of values they didn't share, so that they were driven to or gravitated to the public sector because they didn't share private sector market values."

The second precondition for a radical social service movement that allowed social workers to view themselves as important social actors in their own right was the increasing dissemination of Marxist and socialist thought in the late 1960s and early 1970s.[17] One consequence of the increased publication and popularity of these views was the birth of a "radicals in the professions" movement in which professional collectives, caucuses, and journals were established. (Examples include academics, such as the New University Conference, the Union of Radical Political Economists, and *The Insurgent Sociologist;* health care and medicine, such as Health Policy Advisory Center [Health/PAC], and the Medical Committee for Human Rights; science, such as *Science for the People;* and law, which saw the reactivation of the National Lawyers Guild.) These burgeoning groups came to view themselves not as "privileged" elements of a "ruling class" or middle class, but as part

of a working class which was oppressed, along with their clients/patients, by capitalist institutions. They hoped to transform their professions or at least to struggle within their professions to polarize the professional associations around the issues while recruiting newly trained professionals to left-wing activism.

During the sixties and seventies, in the United States, socialist theory and radical analyses of society, which placed social work in a political context, lagged behind developments in the United Kingdom and emerged more slowly than the radicalism of the 1930s. Early conceptualizations of radical social work were greatly influenced by sociology, by the health care movement, by the women's movement, and by radical educational movements.[18] By the mid-1970s, however, the influence of the works of Frances Fox Piven and Richard Cloward, Jeffrey Galper, and Roy Bailey and Mike Brake had made available, for the first time, specific radical interpretations of social welfare and social work practice.[19]

However, neither the growth in the numbers of social workers exposed to the New Left of the 1960s nor the influence of socialist thought would have had as profound an impact without the severe economic downturn in 1973. With the recession of 1973, young professionals for the first time began to feel the effects of unemployment, wage freezes, and benefit cutbacks. As the recession continued, budget cuts reached from the federal government to state and local governments and particularly fell on social welfare workers and client services provided by the public sector.[20] As exemplified by the fiscal crisis in New York and other cities, social workers, as public employees, along with the poor were increasingly called upon to "tighten their belts."

It was in this context that the 1974–79 period, like the 1934–36 period, came to exemplify a high point of militant professionalism in social work. The Radical Alliance of Social Service Workers (RASSW) was founded in New York in 1974 and began publishing a bimonthly newsletter entitled *The Alternative View*. My research indicates that some meetings were attended by as many as 300 people and newsletters reached as many as 1,500 people.[21] Smaller groups of radical social workers developed in Wisconsin, Boston (the Union of Radical Human Service Workers), New Haven, Connecticut, Chicago (the Chicago Alliance of Social Service Workers), and Philadelphia (the Philadelphia Radical Human Service Workers).[22] In 1976, in order to promote a consistent left voice in social work and to help unite radicals in the field, *Catalyst: A Socialist Journal of the Social Services* was founded in New York City. While *Catalyst* never achieved the steady publication rate for which it had hoped and never served as a unified voice of the Left in social work as did *Social Work Today*, interviews suggest its most successful period was in the late 1970s. The first volume of the journal reached several thousand people. Members of the *Catalyst* collective

addressed professional groups, left groups, and endorsed rallies, demonstrations, and conferences.[23]

A content analysis of the literature produced by the above-mentioned groups in the 1970s and interviews with participants suggest a strong similarity with the ideological position of *Social Work Today* and the Rank and File groups of the 1934–36 period. First, just as mid-1930s radical social workers began to see themselves as *workers* who had more in common with other blue-collar and white-collar laborers than with their employers, the radical social workers of the mid-1970s adopted the view that the mystique of profesionalism was obscuring the social reality of social workers actually suffering all the effects of wage labor Some authors in social work began describing social service work as "proletarianized." While the exact meaning of the term varied, for the most part authors used the term to describe a decline in the status of social service work as job security lessened, income and benefits declined or declined relative to other occupations, as promotions became more scarce, and as management increasingly routinized social service tasks so that professional skill and autonomy could be replaced by lesser-skilled workers.[24] Groups like RASSW and *Catalyst* projected a circumstance in which the fiscal crisis of the state, "natural" trends of routinization, and deteriorating working conditions would lead social service professionals to subscribe increasingly to militant employee action. "Proletarianization" or the downward pull of social workers into the conditions of the proletariat then also implied more industrial organization and worker militancy in response.

Retrospective interviews of radicals revealed that the early employment positions held by subjects—child welfare work, hospital social work, settlement house work, probation work, welfare work—were experienced as oppressive, disappointing, and as lacking in the autonomy interviewees expected of professional work. In contrast to their comments about recent employment, which often was quite positive, subjects interviewed were quite unified in their assessment of their positions in the 1970s. According to one subject who had worked in a neighborhood health clinic, "I felt set up, duped. The system was so awful and there was so little I could do for clients. And the agency was run as a fiefdom. It was your typical factory environment with orders flowing from the top. The salaries were lousy and you had no private offices. This is when we began our union campaign." Or, in these words from a subject formerly employed in a hospital, "I certainly felt proletarianized! After all this professional gobblygook in social work school, here I was on the line, seeing dozens of people each day and increasingly more paperwork, more accountability, [with] less time to follow up and do long-term work. All those nice sounding professional theories, you didn't have time to even think."

More than 60 percent of those interviewed participated in a union organizing drive or were active within their unions at this time. Such

militancy was clustered in the years 1975–80 when the typical subject was 25–35 years old and held a relatively low-level line social work position (post-MSW).

Also distinguishing militant professionalism from the earlier client-led unrest was a growing concern for practice issues and developing radical paradigms of social work practice. Many subjects first became attracted to activism in social work school, where the influence of the past radical tradition in the field was available from professors, field instructors, and texts, and where concern for changing the thrust of practice from a "blame-the-victim" mentality to a more emancipatory practice was clear.[25] One subject remembers, "Oh, school was difficult for me. The politics felt real conservative, [a] psychoanalytic orientation that I struggled with the whole time I was there. The majority of teachers just looked at the intrapsychic . . . and I found it kind of blaming-the-victim stuff. . . . Maybe it was my feminism, but I found myself always arguing against the Freudian stuff. . . . That's how I became radical." Another recalls, "Once I got to [Social Work] School . . . I discovered that psychotherapy was part of social work, which I hadn't known. I began to read Wilhelm Reich and follow old issues of the journal *The Radical Therapist*. I was intrigued by it and discovered I could do therapy. This gave me a context, because prior to this, I had no idea what I was doing there."

Finally, the period of militant professionalism corresponds with the strongest critique of liberalism and the dominance of liberal professional leaders, at least from within the social work profession. The opening pages of *Catalyst* suggest (as did the early volumes of *Social Work Today*) that liberalism was at best inadequate as a framework for social work: "There have been cutbacks and crises before in the social services, but never have the leading liberal politicians who helped build the welfare state led the attack. They have made a political choice, opting for austerity . . . using slogans like 'less is more,' 'life is unfair.' . . . We are all dissatisfied with the traditional liberal analysis of the problems facing us and the strategies put forth to meet them."[26]

In contrast to the third period of radicalism (see the Appendix), militant professionalism tended to be hostile toward professional leadership and avoided involvement in professional associations.[27]

Absorbed Radical Professionalism

Although publication of *Social Work Today* continued until 1942 and the social service unions continued their activity, historians of the 1930s radical movement detect major changes around 1936.[28] *Social Work Today* and the leaders of the Rank and File Movement began cooperating with the professional associations and established leaders in the social work field. Leading members of the Rank and File Movement began to ally with a particular practice technique of social casework,

the functionalist school. *Social Work Today* began to pay increased attention to social work practice, no longer attacking it as being merely reformist or as "only applying bandaids to a wound." Support for public services was a cornerstone of these groups, together with a decreased criticism of social welfare as an institution. In other words, the radical movement remained as an identifiable left wing in social work, but one which was less dramatically separated from the liberal professional leadership. The left wing was able to support the social work leadership in its approach to practice, to domestic affairs (joining the opposition to WPA cuts) and foreign affairs (leading drives to aid the Spanish Republicans). Spano attributes the major changes in the movement to the following:

> By 1936, some of the conditions that led to the emergence of the Rank and File Movement were altered. Social Insurance, however meager, became a reality with the passage of the Social Security Act. The Wagner Act guaranteed labor's right to organize which was especially significant for the Rank and File Movement. Public social services, in which most rank and filers worked, were now firmly entrenched in the federal government. Thus, most rank and filers were no longer outsiders who had no investment in current social institutions, but rather an integral part of the emerging governmental response to poverty. Further, where they saw themselves as "temporary" recruits in social work during the early 1930s, they now [saw] themselves as permanent members of social work, thus they were concerned with developing their professional skills. These factors, along with the rise of Fascism on the international level, contributed to the transformation of the Movement from a radical to a reform 'cause' model.[29]

Importantly, while the Popular Front against fascism was the macro-level event that most transformed the Left in the 1930s and reduced its distance from the social work profession and from mainstream liberalism, one must recognize the importance of cohort factors, economic conditions, and paradigmatic changes in explaining the decline of oppositional militancy. In both the 1930s and 1940s and the 1970s and 1980s, the weakening of the organized Left tends to be treated by many social scientists as an automatic event, once the Popular Front of the 1930s or the election of Reagan in the 1980s (or some other event) is identified. Obviously, these larger events provide the critical context for activists. However, a complete reliance on these broader political events leads to a circular way of explaining social action. First, it fails to explain how "the times" become conservative to begin with. It implies that an election or event is a fait accompli and somehow all sectors are immediately constrained from action. Second, if certain sectors (such as social service professionals or social welfare leaders) are constrained in conservative times, the *particular* constraints and barriers to social action need to be explicated to specify how these are different from barriers to movements of poor people, farmers, blue-collar workers, and so on.

Indeed, there is considerable evidence that the success of radical groups in social work diminished by 1980–81 *and* that the content of left-wing activism changed. By 1980, many of the local groups of radical social workers such as RASSW and URHSW had disappeared. Efforts to develop new groups of radical social service workers in the early 1980s were unsuccessful.[30] Interviews with members of the *Catalyst* collective suggest that a crisis had occurred by 1981, with many long-term members leaving the collective, with subscriptions falling and publication rates waning, and an overall sense of demoralization occurring. *Catalyst* did succeed in regrouping and continuing as a left voice in the field and, by the mid-1980s, there were some signs of a resurgence of radical groups, like the Bertha Capen Reynolds Society, a national organization of radical social workers. However, interviews conducted in this study along with content analyses of relevant documents, suggest a change in the position of the 1980s radicals.

Within the *Catalyst* collective, by 1982, consistent debates began as to whether the journal should be considered "socialist" at all or whether its name and orientation should be changed (to a "progessive" journal or other labels that were more general and vague). By contrast, in 1976 and 1977, the framework of debate had been whether to call the journal "Marxist" or "socialist." One collective member who returned to the group in 1982 after a several-year absence noted, "When I returned to the group, it certainly felt less left. . . . We [the original group] were clear that we wanted an explicitly left journal, but this wasn't the attitude of the newer members."

A long-term member of the collective agreed with the above comment in terms of both the political ideology of collective members and of the journal: "Yes, the newer members are less ideologically developed. . . . I guess they don't talk about politics in the same way as the early group which came out of the 1960s. . . . But also the debate about the journal's name reflects other things. The journal's content was not consistently socialist anymore, it was anticapitalist . . . a forum for a wide range of ideas. The label maybe no longer reflected the content. And then there were the political times. People were worried, they didn't want to put [name of journal] on their resumes, 'socialism' seemed to be a red flag professionally."

The articles in the journal in the 1980s varied considerably (as did earlier issues), but there were far more articles related to international issues (Nicaragua, nuclear disarmament), to coverage of general demonstrations and rallies, and to more specialized practice concerns than to radical social work strategies. Criticism of the profession itself, its leadership, or direction were generally rare. Rather, many contributions appeared to suggest a united front strategy against the conservatives in combating such issues as poverty, homelessness, and violence against women. Other groups on the Left in social work, such as the Bertha Capen Reynolds Society, have so far avoided criticizing the profession

or its leadership, seeking to attract both liberals and "progressives" to their ranks. Focusing on issues such as the preservation of historical resources of the 1930s and supporting social workers who want to practice in the tradition of Reynolds, the Bertha Capen Reynolds Society includes members who are very active in professional associations, sit on the faculties of schools of social work, and administer major agencies. Because of the positions they hold, they may be more reluctant to criticize the major organizations and institutions of their field.[31]

Changes in the *Catalyst* collective were attributed not only to the Reagan era but also to age and social mobility. One member reports, "People were getting tired and the members were changing, people getting to be 35, 40, or 45. If you look at a political movement, you worry about people at that age. [There are] family demands, people [are] hitting their professional strides."

In separate interviews conducted with those who had been connected to the collective over the 10-year period 1976–86, one of the most dramatic findings was the upward mobility experienced by subjects. Three-quarters of those interviewed had left direct practice, and most of those who had remained in the social services were faculty members, researchers, administrators, or supervisors. While there was no association between upward mobility and conservatism, it was clear that the concerns of these radicals were quite different from their concerns as younger, low-level staff in social work.[32] For example, only a very small number mentioned unionization or movements to change working conditions at agencies as a concern. Most subjects would not even be eligible for a collective bargaining unit if one existed at their place of employment.[33]

Even more surprising was the increased identification of subjects with their own employing agencies. For example, one subject who had been a member of a Marxist party for 11 years and still described himself as a "revolutionary socialist" described his counseling agency as, "My best job. The administrator is the best guy I've seen. You know, morale is high, it is well organized. There's a lot of autonomy. . . Everybody considers the place great. . . . It's informal, not straitlaced. Certainly not a place where there would be a union."

While not all subjects were as glowing in their praises of their places of employment, it was clear that concern over "proletarianization" and the "professional as worker" had diminished in the 1980s. The mobility of the subjects themselves, as with many of the leaders of the Rank and File Movement in the 1930s, into faculty, administrative posts, or high-level clinical positions, had undermined the previous critique of social service work as becoming increasingly routinized and downgraded. A close study of the employment trends in the 1980s suggest that despite the federal cutbacks, growth has continued in social service jobs.[34] When job growth and other data suggesting broad mobility of

social workers into private practice, administration, and consultation are considered—along with a cohort effect of baby boom radicals reaching the age where they have increased resources to gain autonomy, income, and status in the job market—a decreased concern about working conditions is understandable.[35]

Another important factor is the number of subjects who left the social services in the early 1980s. This is of interest for two reasons. First, the decline in persons entering social work in the late 1970s and early 1980s may have helped those who remained in social work achieve more significant mobility in the context of decreased competition, particularly in administrative, research, faculty, and other high-status positions. Second, the existence of career options in other fields, many of which appeal to radical social workers, indicates that radical movements in social work are also structured by the departure of activists who may have become dissatisfied with social work as a career. Their departures to enter other fields may leave the remaining radical groups both smaller and less oppositional

For example, many members of the *Catalyst* collective did leave the social work field (at least for some years) to perform a wide variety of work including organizing for labor unions, working for leftist foundations, and doing carpentry work. In some cases, these subjects expressed disappointment with social work as a "radical career" as they looked back: "I used to think when I was 18 or 22 or even when I was in social work school that social work was this vanguard of change, which I now think is total bunk. This got me to social work school, I wanted to change society and this seemed the one profession to do it . . . but the profession as a whole doesn't embrace this. As a political person, I was naive to believe that social work was going to provide leadership." And another states, "I see social work now as basically technical training. We were trained to do a lot of things, but not why to do things and not who you were doing things with. That's why I feel anthropology is a much more important discipline in terms of understanding what you're dealing with."

Finally, in the period of 'absorbed' radicalism, as I have indicated in the Appendix, concern with issues of practice and specific client populations (the homeless, battered women, AIDS victims, and so on) is high. Most subjects who remained in the field felt they were doing "radical practice" in some area of their lives, and an increased level of expertise was evident. Yet, many subjects had difficulty verbalizing exactly how "radical practice" was different from "mainstream" social work practice. This response is typical of the subjects interviewed in this study: "I don't know. Earlier on, I would have said 'yes, there is a radical practice.' The older I get, I'm not jaded, but the sense of what's possible and not possible, I suspect its like working outside the system. What can you do that's not inside the system? . . . I feel like

this [my private practice] is radical. But what is radical? It's the question of judging the outcome, how do you do that?"

I suggest here that the very success of past radical social movements and social unrest creates a paradox for radicals. Many subjects stressed the importance of generalist practice committed to the poor and oppressed and the importance of working against sexism, racism, classism, homophobia, and age discrimination. While these critically important commitments can be argued to be lacking among some (or possibly many) social workers, in theory at least, these precepts of "radical practice" hardly appear revolutionary when compared with the current training and literature in the social work field. As noted elsewhere, the paradigmatic bases of social work shifted strongly in both the early 1930s and post-1960s periods to incorporate more social-environmental causation and social action and to concentrate on sectors of the population that are more vulnerable.[36] The achievement of generalist curricula, ecological and systems theories of practice, and the introduction of strong Affirmative Action and antidiscrimination concerns in the professional schools are examples of the achievements of social movements, including radical social workers. Hence, in a dialectical fashion, the very changes demanded in the profession, to the extent they are met, serve to weaken the critique of radicals and absorb some of the militant attacks on the profession.

Moreover, there is a tendency for social agencies to absorb, at least on a surface level, changes in style as a result of past social movements. The development of many small, contracted services beginning in the 1970s, led to more informal, less bureaucratized services than in traditional institutions, such as welfare departments and mental hospitals. Interviews with subjects who had worked in over 150 job settings suggested many of these small-cause-oriented agencies also maintained at least a rhetoric of social change and were sometimes administered by radicals. Some subjects raised what I believe to be appropriate criticisms of this trend: the tendency of the agencies to be nonunion or even antiunion, to often maintain social hierarchies, and to remove from the public sector the obligation to serve certain client groups, often depoliticizing the very issues radicals have raised (e.g., the bureaucratization of services to battered women or homeless people).

Summary and Implications

This article has compared the development of the radical social work movement in the post-1960s period with that of an earlier period of social unrest and radicalization in social work, the 1930s. While there are clearly differences in these two movements, both developed in response to the dramatic social unrest of the times (the protests of

workers, the unemployed, and tenants in the 1930s; the protests of blacks, other Third World groups, and antiwar and student activists in the 1960s) in which assistance to mobilized groups was key in radicalizing new entrants to social work. Once attached to radicalism and to the profession of social work, internal organizing of a movement occurs, and journals, collectives, and caucuses actively emerge, usually antagonistic to the dominant leadership. As social unrest recedes, and radical social workers secure upward economic and status mobility, and as professional training and paradigms change, the movements tend to become more absorbed in the mainstream of the profession.

The historical development of these movements should neither lead us to minimize nor exaggerate the impact of either social unrest or radical professional organizing. The social unrest of the 1930s dramatically changed both the structure of the profession (public services, the development of social service unions) and professional practice as did the unrest of the 1960s (the inclusion of BSWs into the professional associations; changes in the social work NASW Code of Ethics; changes in the treatment of people of color and women; changes in professional practice to incorporate community organization, social advocacy, organizational change strategies, and social action).

Of course, none of the major changes could have occurred without governmental pressure (the New Deal and the War on Poverty, which themselves were products of mass social movements). While major changes in the periods can be traced to social unrest and governmental action outside the confines of the profession, the implementation of new practice approaches in social work agencies and schools, the actual organization in support of change by social workers and clients, and the exertion of continued pressure on professional leadership and leadership bodies, are significant accomplishments of radical social workers.

Historical evidence suggests that the professional bodies in social work, such as the American Association of Social Workers (AASW) in the early 1930s, were quite reluctant to support major reforms that, today, are taken for granted. It is doubtful that without pressure the AASW would have supported major public services or changes in the profession such as unionization. Similarly, when Cloward and Epstein suggested in 1965 that social work had "disengaged from the poor,"[37] they accurately viewed a profession (or at least its dominant leadership and its higher-status members) as preoccupied with the intrapsychic concerns of the middle class rather than with the needs of poor people or minorities or with social change. It is doubtful that, without radical critics within the profession, major changes would have occurred in the profession, though afterward new leaders and texts in the field have absorbed such changes and treated them as natural.

Despite the importance of social unrest and the critical role of radicals in bringing social concerns into the profession of social work, periods of unrest and professional militancy are brief and episodic. Radical segments have been too weak to permanently maintain a significant oppositional presence in the profession. As unrest on the macrolevel recedes, social workers, like other professionals, are concerned with securing adequate occupational positions, opportunities which depend on the previous generation of leaders and employers. The economic situation in the profession, as well as the perception of "blocked mobility" as it affects new entrants to the profession are also critical. As Meyer Zald and John McCarthy point out, social work, along with other professions, attracts and creates "organizational intellectuals" who choose such employment, but, at least in "normal" times, social institutions also limit and structure dissent: "At the same time that modern institutions provide the opportunity for dissent, they shape and narrow the dissent. . . . Reform rhetoric and activity are an accepted mode. Revolutionary rhetoric rarely finds wide acceptance. Organizational attachment requires the moderation of dissent, and those intellectuals who violate this norm find themselves at odds with the very institution which allows widespread reform dissent."[38]

This historical analysis suggests that, for a period of time, when social unrest is high and age cohorts face problematic economic conditions within the professions, militancy will be high and activism oppositional. In more quiescent periods, both professional institutions and employers in social work tend to provide acceptable arenas for reform activity by previously militant groups. Of course, though social unrest appears distant at times of quiescence, these periods do reemerge, and past activists retain their historical memories. These activists are often critical in assisting the next generation of social workers in challenging dominant institutions.

Appendix

A Historical Framework of Radical Social Movements in the Social Services

I. Client-centered Social Unrest (Professionals as Adjunctive to Other Social Movements)

Time periods: 1929–34; 1965–74
Participants: Preprofessionals and clients; not organized within an actual professional structure.
Ideology: Militant attacks on the profession from *outside;* struggles in the interest of *clients* is key (e.g., the early Depression battles over eviction and relief; the 1960s battles for welfare rights, community control); minimal degree of self-interest and self-consciousness as professionals; minimal concern for "practice" as an issue.

II. Militant Radical Professionalism

Time periods: 1934–36; 1974–79
Participants: Young professionals (and preprofessionals) organized at the workplace and within the profession to challenge the dominant segments of the profession.
Ideology: Professionals develop "self-consciousness" of the importance of professional leadership and hegemony; self-interest as workers; the critique of "proletarianization" is key; beginning interest in practice concerns; increased energy placed upon changing professional paradigms.

III. Absorbed Radical Professionalism

Time periods: post-1937; post-1980
Participants: Increasingly professionalized membership in radical groups; loss of some radicals to other professions and occupations.
Ideology: Less critical of professional leadership; open to alliances with liberals; foreign policy, defense against the right-wing and "radical practice" as key issues; decline in critique of proletarianization and decline in client organizing; radicals move toward intrinsic job satisfaction and increased identification with employers.

Notes

1 Recent works on Bertha C Reynolds and the Rank and File Movement of the 1930s include Yvonne Taylor Cullen, "A Maverick Mind Bertha Capen Reynolds and Social Work, 1885–1978," *Australian Social Work* 33 (1980) 25–31, Jacob Fisher, *The Response of Social Work to the Depression* (Boston G K Hall, 1980), William Schwartz, 'Bertha Reynolds as Educator," *Catalyst* 3 (1981) 5–14, Rick Spano, *The Rank and File Movement in Social Work* (Washington, D C University Press of America, 1982), Sharon Freedberg, "Bertha Capen Reynolds A Woman Struggling in Her Times" (Ph D diss , Columbia University, 1984), H J Karger, "The Early Unionization Movement in Social Work 1934–1947," *Social Development Issues* 8 (1984) 73–88 Among the commemorations, e g , *Smith College Studies in Social Work* published a special issue in 1986 in honor of the anniversary of Bertha Reynolds's birth Articles in this issue included Sharon Freedberg, "Religion, Professionalism, and Politics Bertha Capen Reynolds' Challenge to Social Work," pp 95–110, and Ann Hartman, "The Life and Work of Bertha C Reynolds Implications for Education and Practice Today," pp 79–94

2 Fisher and Spano provide the best summaries of the long-term effects of the 1930s radical social work movements

3 See, e g , Harry Specht, "The Deprofessionalization of Social Work," *Social Work* 17 (1972) 3–15, and Willard Richan and Allen Mendelsohn, *Social Work The Unloved Profession* (New York New Viewpoints, 1973) Recent analyses of the impact of the 1960s include John Ehrenreich, *The Altruistic Imagination A History of Social Work and Social Policy in the United States* (Ithaca, N Y · Cornell University Press, 1985); and David Wagner, "Collective Mobility and Fragmentation A Model of Social Work History,' *Journal of Sociology and Social Welfare* 13 (1986) 657–700.

4. The term "radical," as used in this article, refers to social workers who have labeled themselves by joining left-wing organizations or visibly supporting leftist causes Note that this definition is not identical to ideological support of one particular theory, as some activists join organizations without completely subscribing to any radical theory and other persons may privately hold radical theories but not engage in public action While radicalism, of course, can be applied to right-wing and other ideologies, there is

no significant history of other radical ideologies or organizations playing a major r in the social work's professional history.

5 The article is based on a study of radical social workers who were involved in t *Catalyst* collective in New York City, which publishes *Catalyst A Socialist Journal of Social Services*, and, as noted in the text, many of whom were also members of oth organizations such as Radical Alliance of Social Service Workers (RASSW), Union Radical Human Service Workers (URHSW), Social Workers Action for Welfare Rigl (SWAWR), and the Bertha Capen Reynolds Society (BCRS). Out of this group, 43 peo served for at least some time in the *Catalyst* collective, and in-depth interviews we conducted with 24 of those members who were active in the collective for at leas years While these subjects are not a random sample of radicals, there is evidence th their demographic characteristics are quite similar to those found in major studies radicals in other professions (see discussion in David Wagner, "Whither the Radic in the Professions in the 1980s?" *Wisconsin Sociologist* 25 [1988] 25)

6. The most useful discussion of this issue is contained in Kenneth Keniston, *Radic and Militants An Annotated Bibliography of Empirical Research on Campus Unrest* (Lexingt Mass Heath, 1973), pp ix–xviii

7 See discussions in Kirkpatrick Sale, *SDS* (New York Vintage, 1974), p. 548, a Seymour Lipset, *Rebellion in the University* (Chicago University of Chicago Press, 197 pp 111–13

8 A founder of *Catalyst* and member of that collective between 1976 and 1979 was as well a member of RASSW from 1974 to 1976, and of the Bertha Capen Reynol Society since 1986. Materials utilized for this study include notes on RASSW meetir from the 1970s, copies of the *Alternative View*, the publication of RASSW, minutes *Catalyst* collective meetings from 1976 to 1987, confidential tape recordings of meetir and memoranda of *Catalyst*, and notes of meetings and literature of the Bertha Cap Reynolds Society.

9 For a complete description of the interview methodology, see David Wagn "Political Ideology and Professional Careers A Study of Radical Social Service Worke (Ph D diss , City University of New York, 1988), pp 128–36

10 In addition to the individual interviews with subjects, which were biographica focused, a two-and-a-half-hour interview on the history of *Catalyst* and related developme in radical social work was held on June 15, 1987, with five informants Informa included the longer term members of *Catalyst*

11. Fisher (n 1 above) and Spano (n 1 above).

12 Spano, pp. 44–57

13 Daniel Moynihan, *Maximum Feasible Misunderstanding* (New York Free Pr 1970), pp 102–5.

14. Frances Fox Piven and Richard Cloward, "A Strategy to End Poverty," *Nat* (May 2, 1966), pp 510–17.

15. As cited in Ehrenreich (n 3 above), p 199

16. John Erlich, "The 'Turned on' Generation New Anti-Establishment Action Rol *Social Work* 16 (1971) 22–27.

17. Sale (n. 7 above)

18 The author compiled citations from articles by radical social workers in the 197 Influential works included Alvin Gouldner, *The Coming Crisis of Western Sociology* (N York: Avon, 1970); and Barbara Ehrenreich and John Ehrenreich, eds , *The Ameri Health Empire* (New York. Vintage, 1971); Robin Morgan, *Sisterhood Is Powerful* (N York: Vintage, 1970), which included an article specifically addressed to "our sisters social work"; and the English translation of the works of Paulo Freire such as *Pedag of the Oppressed* (1972)

19. A study of the citations in *Catalyst* from 1978 to 1987 revealed that overwhelmin the most-cited work was Frances Piven and Richard Cloward, *Regulating the Poor* (N York: Vintage, 1971). The two next influential social work works were Jeffrey Galp *The Politics of Social Services* (Englewood Cliffs, N J . Prentice-Hall, 1975); and Roy Ba and Mike Brake, eds , *Radical Social Work* (New York: Pantheon, 1975).

20 The best source on the fiscal crisis is James O'Connor, *The Fiscal Crisis of the St* (New York: St. Martin's, 1973).

21. As with all radical groups, membership and attendance is a difficult issue

verify. RASSW, and other radical groups of the 1960s and the 1970s, operated on the principle of participatory democracy with fairly permeable boundaries of membership. Informants (n. 9 above) as well as my notes agree that the 1974–76 period was RASSW's most successful, and a conference held on May 22, 1976, attracted the approximate number of people noted During that period, RASSW's *Alternative View* reached a peak mailing list of 1,200, according to *Catalyst* minutes, and if single-issue readers are added, 1,500 would appear reasonable However, an exact number is impossible to verify

22. The list of small social service groups is based on the experience of contact with *Catalyst* and reports of activities in *Catalyst* minutes (1976–80) and the journal (1978–80) Since other groups may not have corresponded, this list probably underestimates the number of local groups

23. Information on subscriptions for the first volume of *Catalyst* is also problematic because of changes in who serviced the mailing lists and in calculations of free issues (to libraries and other organizations) as well as paid subscribers. The best estimate is that by the fourth issue, there were more than 1,100 paid subscribers (up from 350 for the first issue) and at least as many single issues were sold During the first years of *Catalyst*, members addressed colleagues and professionals at several schools of social work, alumni groups, and at meetings of the National Association of Social Workers (NASW), the American Orthopsychiatric Convention, the Council on Social Work Education, and Family Service Association of America, for example Activities on the Left included cosponsoring a conference on "Marxism and Science" in 1979 with Health/PAC, the Medical Committee for Human Rights, and the New York School for Marxist Education; radio broadcasts on New York's WBAI, participation in the Red Apple Coalition with other radical publications, presentations at NAM (New American Movement), forums given at the Free Association in New York City, and coverage in a variety of papers on the Left. *Catalyst* endorsed demonstrations such as the antinuclear rally against Indian Point and was asked to cosponsor the board game "Class Struggle." The wide gamut of publicity and activity in the late 1970s was short-lived, by the 1980s the combination of decline in membership and the changed political times caused an almost complete focus on the collective's energy on basic fundraising and publishing activity to survive.

24 Especially influential on the role of routinization and Taylorization was Harry Braverman's 1974 book, *Labor and Monopoloy Capital* (New York Monthly Review Press) For articles specifically applying the "proletarianization" argument to social work, see William Patry, "Taylorism Comes to the Social Services," *Monthly Review* 12 (1978): 9–23, David Wagner and Marcia B Cohen, "Social Workers, Class, and Professionalism," *Catalyst* 1 (1978): 25–55; Paul Adams and Gary Freeman, "On the Political Character of Social Service Work," *Catalyst* 2 (1980) 71–82, Marlene Webber, "Abandoning Illusions The State and Social Change," *Catalyst* 2 (1980): 41–66

25. One of the most interesting findings of my study was the tendency of professional social work education (whether in the 1960s, 1970s, or 1980s) to radicalize idealistic, but nonradical, entrants and to activate previously radical but relatively inactive entrants Subjects attributed this *not* to the overall political environment of social work school but to a limited number of radical faculty, field instructors, or fellow students and to their reading For further detail, see Wagner, *Political Ideology and Professional Careers* (n. 9 above), pp. 181–203.

26. "Why Catalyst?" *Catalyst* 1 (1978). 1–3.

27. Many members of RASSW, *Catalyst*, and other 1970s groups did not even hold memberships in organizations such as NASW Those who argued for cooperation with professional organizations were usually unsuccessful in these years. In fact, according to *Catalyst* minutes (October 16, 1979) a meeting of six radical social work groups held that year broke up at least in part over the failure of most groups to support a call to "bore from within" NASW. In contrast, the national conference of the Bertha Capen Reynolds Society in July 1987 at Smith College was greatly dominated by leaders of NASW or of committees such as Social Workers for Peace and Nuclear Disarmament Traditionally, radicals have split over whether the professional association should be approached as if it were a trade union for the field (and therefore, like Marx and Lenin's approach to unions, should be engaged and tactically pulled to the left) or whether, as New Left–influenced radicals maintained, the associations tended to be exclusionist

and elitist, not representative of the entire profession (particularly blacks and other minorities and non-MSWs), and counterposed to unions and other organizations of social workers

28 Fisher (n 1 above) and Spano (n 1 above)

29 Spano, p 258

30 An example of this was the effort begun in 1981 to form a national Human Service Activists Network (HSAN) in which *Catalyst* members, among others, were active. *According to the oral history meeting* (n 9 above), the group was unable to manage more than a few meetings and it "never took off"

31 These comments reflect my notes and observations from BCRS chapter activities in New York City and the national literature and 1987 annual conference Since the BCRS is composed of autonomous chapters that stress a variety of different issues and approaches, there may be substantial variations nationally in specific orientations.

32 The overall thrust of the author's study, like Irwin Epstein, "Professionalization and Social Work Activism" (Ph D diss , Columbia University, 1969), is that professionalization and upward mobility *are not* related to conservatism See also Irwin Epstein, "Organizational Careers, Professionalization, and Social Worker Radicalism," *Social Service Review* 41 (1970) 123–31, and Wagner, "Whither the Radicals in the Professions of the 1980s?" (n 5 above), pp 77–79 However, oppositional militancy, as noted in this article, would appear to decline with upward mobility of social workers

33 The author coded each subject's position over the years and analyzed the job in reference to National Labor Relations Board (NLRB) standards for bargaining unit inclusion Generally, all private practitioners and consultants would be excluded, as would all administrators and supervisors with meaningful input into hiring and firing and policy decisions, some subjects who were employees of extremely small agencies would be excluded as well In 1987, with three of 24 subjects excluded because of student or unemployed status, only seven of the remaining 21 subjects would be eligible for union membership (In fact, only three of these seven are in unions) This compares with over 90% eligibility for collective bargaining units by these subjects in 1977–78 (see Wagner, *Political Ideology and Professional Careers* [n 9 above], pp 391–92)

34 For example, Sheldon Siegal ("The Social Service Labor Force: 2000" [unpublished manuscript, NASW, Silver Spring, Md , 1986]) reports that social service jobs have increased 14 4% between 1980 and 1985 compared to a job growth of only 7 9% in the overall labor force

35 The National Association of Social Workers (NASW) data base on social workers (*NASW Data Bank* [Silver Spring, Md NASW, 1985]) suggests considerable mobility among its members. For example, 43% of NASW members polled worked as administrators, consultants, full-time private practitioners or educators rather than full-time line agency employees

36 Wagner, "Collective Mobility and Fragmentation A Model of Social Work History," *Journal of Sociology and Social Welfare* 13 (1986) 657–700

37 Richard Cloward and Irwin Epstein, "Private Social Welfare's Disengagement from the Poor The Case of Family Adjustment Agencies," in *Social Welfare Institutions*, ed Meyer Zald (New York Wiley, 1965)

38 Meyer Zald and John D McCarthy, "Organizational Intellectuals and the Criticism of Society," *Social Service Review* 46 (1975) 359

Rape Victims and the Justice System: Utilization and Impact

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Sexual assault is one of the most underreported crimes, making it a difficult issue to study with confidence in the validity of the data collected. The present article examines the research literature regarding victim decisions to report the crime and to prosecute assailants. Reporting appears to depend on several factors, including aspects of the rape situation, victims' demographic and psychological characteristics, availability and influence of social supports, experiences and perceptions of law enforcement personnel, and victim attitudes and beliefs about the court process and about personal capacities to control the environment. The impact of the legal process on victims is then reviewed with respect to studies of emotional reactions to police contact, the hearing and trial proceedings, and the verdict and sentencing decisions. Implications of these findings are discussed, including an evident need to assist victims in regaining a sense of control.

Introduction

Sexual assault is a form of physical assault directed largely at women by male assailants. Like other forms of assault, it is recognized as an act of aggression in which the perpetrator seeks to gain control over the victim by force or threat of force.[1] As Kilpatrick, Veronen, and Best note, rape is not a rare event. in the United States it is estimated that from 5 to 22 percent of adult women have been raped.[2] The lifetime likelihood of victimization has been estimated at 8 percent by the Bureau of Justice Statistics for the period 1973–82.[3] This figure

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is undoubtedly an underestimate since respondents to the National Crime Survey on which these data are based were not asked about rape directly; rather, the information was gained from more general questions regarding assault. Indeed, Kilpatrick and his colleagues found that 23 percent of 391 women representative of the Charleston community had been victims of completed rape.[4] Although some estimates are considerably lower,[5] most data are consistent in suggesting that fewer than half of victims of rape or attempted rape report the crime to the police.[6] Recent data from college students using a large and representative sample suggest that prevalence rates for rape victimization are 10 to 15 times higher than estimates from the Bureau of Justice Statistics and that virtually none of these victims had been involved in the criminal justice system.[7]

The failure of victims to report or to prosecute this crime is particularly distressing since "being the victim of completed rape appears to be much worse than being the victim of other attempted and completed crimes."[8] Indeed, nearly one rape victim in five subsequently attempts suicide. The posttraumatic stress symptoms experienced by many victims of sexual assault, and especially violent assault, are extensive and include persistent reexperiences of the event through images, recollections, and dreams; fears associated with rape-related events; avoidance of rape-associated cues and of emotional feelings in general; and increased emotional arousal, which is evident in sleep difficulties, irritability, difficulty concentrating, exaggerated startle reactions, and physiological reactivity. Additional problems include general anxiety, depression, sexual dysfunction, and inability to function at home, work, or in social situations.[9]

With respect to rape, the criminal justice system is intended to prosecute the guilty and, one hopes, to reduce the future incidence of rape and provide restitution to victims. It can only do so if victims elect to make use of the system, although we must note that the choice is not entirely in the victim's hands since formal reporting and prosecution may be discouraged by police and lawyers who expect no conviction to result. With regard to restitution, questions have been raised about the beneficial effects of the courts for victims.[10] This article examines the empirical and clinical literature on the factors that affect victim choice to use the justice system and, for those who do, the impact that the police and court experiences have on them. This review is intended to provide the basis for recommendations both for future research and for practice in improving justice-system utilization and minimizing the emotional costs to victims.

Utilization of the Justice System

In their model for crime victims' decision making about contacting legal authorities, Greenberg and Ruback propose that a three-stage

process occurs: (1) labeling the event a crime, (2) determining its seriousness, and (3) deciding on a course of action.[11] The present focus will be on the empirical evidence related to victims' use of the legal system.

Although empirical data on the emotional impact of rape on the victim abound, little research has been conducted on the determinants of utilization of the criminal justice system. Thus, most of the existing information about who uses the justice system is based on impressions rather than data. Within the research literature, methodological difficulties in studying factors associated with rape reporting are apparent since we do not know how many or what type of victims are more willing to report to survey researchers than to police.[12] One survey study, for example, questioned one adult in each family about members who had been victimized and then interviewed the identified victims; a father who had never been informed about his daughter's rape would be unable to identify her to these researchers.[13] Hindelang and Davis noted that a substantial number of national survey respondents failed to report assaults that had already been reported to police.[14] In some research studies, participation rates may be low and sample sizes small. Reluctance to discuss rape may be stronger in some ethnic groups than others, thereby introducing sample bias. Further, the failure of some studies to carefully define "rape" may lead to confusion over whether subjects are victims of completed or attempted rapes and whether incest victims are included. Thus, sample representativeness appears to be a serious problem in all research on rape. Where noted, some data below are derived from analogue subjects reporting on hypothetical rapes. These data offer limited knowledge of responses of actual victims but are included here because of the paucity of research in the areas discussed below.

The Rape Situation

The context in which the rape occurs appears to have significant effects on reporting. Acquaintance with the assailant appears to render women less likely to perceive themselves as having been raped[15] and therefore less likely to report it.[16] Not surprisingly, they are also less likely to seek help immediately.[17] According to Williams, degree of acquaintance with the assailant was the most important factor affecting the choice to report,[18] suggesting that the number of acquaintance rapes is much higher than the figure of 40 percent of all rapes reported by the Bureau of Justice Statistics.[19] Smith and colleagues propose that the failure to report acquaintance rape stems from the victim's concern that others will not define her experience as victimization since it is seen as a less legitimate social problem than assault by a stranger.[20] The victim of rape by an acquaintance may not label the event a crime or consider it serious.[21]

Victims of "con" rapes (deceit and betrayal by a known assailant) may be less likely to report than those who experience "blitz" rapes (sudden attack by a stranger). Data from Williams regarding how the attacker and victim meet support this notion: victims attacked in their homes, cars, or in public places were more likely to report than victims of rapes occurring in a social context (e.g., on a date, studying together).[22] Con victims were found less fearful but more angry and disgusted and more likely to wait days or weeks to gain medical attention or contact a crisis center.[23] Blitz and con victims, however, did not differ in depression, fear, or social adjustment 1 month after rape.[24] In view of the probably greater self-blame among con victims immediately after the rape, it may be that they are less likely to contact police and to utilize the justice system to seek retribution. Support for such a notion awaits empirical study.

Another contextual variable that may determine reporting and prosecuting is the level of physical threat involved in the situation.[25] Both analogue and clinical studies indicate that greater force and injury were associated with higher probability of reporting to police.[26] Studying a sample of 77 victims who contacted a rape crisis center, Cluss and her colleagues found that those who chose to prosecute had a higher "threat index" (based on number of assailants, use of weapons, beating, threats to victim's life or family, and assailant's use of drugs or alcohol) than those who did not wish to prosecute.[27] This factor is also discussed below in relation to self-esteem issues that may affect utilization of the justice system. In such high "threat" cases, however, the choice to prosecute may be less influenced by the woman's rape experience than by the willingness of police and lawyers to take cases that are more likely to result in convictions.

Victim Characteristics

Demographics.—In regard to demographic factors, contradictory findings have been reported for several variables. Some studies found older women less likely to report rape,[28] whereas others found the opposite.[29] Married women were more likely to report than unmarried ones, according to one analogue and one clinical study[30] but not another clinical study.[31] White women appeared to be more likely to report than black and minority women according to one clinical and one analogue study,[32] but other investigators found that blacks and other minorities reported more frequently,[33] especially if the rapist was a stranger.[34] This was perhaps due to a greater tendency among whites to view rape as a private matter.[35] The above discrepancies in findings may be due to differences in sample characteristics and in attitudes toward reporting to district police.

Those of lower occupational status were less likely to report than those with higher-level jobs.[36] In line with this finding, a study of intentions to report a hypothetical rape indicated that women who had higher incomes more often stated that they would report than did those with lower incomes.[37] Women of higher socioeconomic status (SES) may have been more outraged by the crime since they expected fairer treatment from their environment; that is, they were more accustomed to positive interaction with others and felt more "entitled" to justice. Such an explanation agrees with the finding that upper- and middle-class women were more apt to verbalize their distress and complain to the court when they felt victimized by the legal proceedings. By contrast, the prior experience of lower SES groups and, in particular, blacks, Hispanics, and Asians often does not lead them to expect fair treatment from peers or public institutions.[38] They may therefore be less likely to view their victimization as discrepant with usual experiences.[39]

Psychological factors.—Several psychological variables that affect reporting and prosecuting by rape victims have been proposed. Some of these may be psychological reactions that are direct consequences of rape, whereas others, such as self-esteem, may be more enduring personality factors that precede the rape experience. One potential interfering factor is the fear and avoidance pattern that typically results from any traumatic experience and is a prominent feature of the clinical syndrome known as posttraumatic stress disorder (PTSD). The prevalence of anxiety and avoidance symptoms following rape is well documented.[10] Kilpatrick, Resick, and Veronen noted that intense fear was experienced by 80 to 96 percent of rape victims for several hours after the rape,[11] and nearly 50 percent of victims reported fear and avoidance of going out alone for 15 to 30 months after the rape.[12] Among completed-rape victims, lifetime and current prevalence rates of posttraumatic stress symptoms were 51 percent and 16.5 percent, respectively, rates considerably higher than those for other crimes, including aggravated assault and robbery.[13] Such symptoms would be expected to interfere considerably with victims' willingness to relive the details of their experience with the police and in the courtroom. Indeed, Kilpatrick has noted the difficulty of keeping victims in attendance at treatment sessions because of their avoidance of discussing the rape.[14] In contrast, high levels of distress may increase victims' motivation to deal with the situation. But as Greenberg and Ruback propose, the greater the stress (whether internal or external), the more intent victims may be on seeking an immediate, rather than a best, solution—that is, the briefest road to stress reduction.[15] This reaction is most likely to include avoidance of reporting.

Higher levels of depression have also been found consistently in rape victims, although these reactions are less persistent than anxiety

responses.[46] Some depressive symptoms, such as loss of interest in normal activities, sad mood, fatigue, and indecisiveness, would be likely to have a direct impact on victims' ability to mobilize their energy to contact police and pursue litigation. However, Cluss and colleagues did not find that nonprosecuting victims had higher levels of initial depression than their prosecuting counterparts.[47] It may be that only those victims whose initial depression is quite high or whose mood persists are less willing to engage the justice system. It is also possible, however, that those who suffer greater depression provoke more concern from family and friends, who then urge the victim to seek legal redress or assist her in its pursuit.

In one study, women who did not wish to prosecute tended to have lower self-esteem scores at initial assessment than those who preferred to prosecute.[48] The researchers speculated that women who elected to engage the justice system had higher levels of self-worth *before* the rape occurred, leading them to perceive the legal system as an appropriate instrument for redressing their injury. One might also hypothesize that women who are lower in self-esteem also blame themselves to a greater degree after assault and are, therefore, less likely to contact legal authorities to prosecute. Supporting this idea is Peretti and Cozzens's finding that nonreporting rape victims in India were more likely to "accept" the facts about rape and its consequences and to have rationalized what happened to support the event.[49] Despite their seeming acceptance, however, they blamed themselves more frequently and experienced more emotional trauma than their reporting counterparts. Such self-blame, suggested Janoff-Bulman, may meet a psychological need: it may permit some women to feel more control, to reassure themselves that they will not make the same mistake again and are therefore less likely to suffer future victimization.[50] Viewed in this way, self-blame would be expected to reduce the desire to report to police since police are not seen as necessary to gain control over future victimization and, indeed, may interfere with a sense of personal control

The degrees of self-esteem, self-blame, and anger may be strong determinants of reporting in rapes with greater actual harm or threat of harm. Cluss and colleagues reported a significant positive correlation between threat index and self-esteem.[51] However, it is apparent from the size of the correlation ($r = .21, N = 77$) that other variables besides threat affect esteem. For example, self-esteem may also be positively related to the degree of anger or hostility experienced toward the perpetrator (and perhaps toward men in general). Accordingly, women who experienced more anger (and probably also less anxiety and depression, which anger tends to inhibit) would be more likely to complain to police and pursue prosecution. Data supporting this notion for theft victims have been reported.[52] The role of anger as a healthy response to assault has been suggested, but no empirical data are yet available.[53]

Social Support

Family and friends.—An association between the experience of rape and subsequent disturbance in familial relationships has been found by some investigators[54] but not others.[55] Frank, Turner, and Stewart observed that greater threat to the victim during the rape was associated with better functioning at home.[56] They suggested that victims of brutal assaults were viewed as less culpable and consequently received more support from family members. Would victims who are better supported by their significant others be more likely to report the rape or to prosecute the assailant? Ruback, Greenberg, and Westcott proposed that, given its moderating effect on emotional and physical arousal, social support would be expected to facilitate rational decision making.[57] How this process would affect a victim's choice to report remains unclear.

Cluss et al. found that victims who chose to prosecute did not differ from those who did not prosecute in initial levels of social adjustment or social support; better adjustment and support did not appear to increase the likelihood that a rape victim would utilize the justice system.[58] However, in a study of hypothetical rape, Feldman-Summers and Ashworth found that perceived expectations by a victim's social group were more important predictors of intentions to report than expected outcomes (e.g., likelihood of conviction).[59] It may not be simply the degree of emotional supportiveness experienced from family and friends but also their opinion and expectation as to what victims should do that influences the decision to prosecute.

Informal interviews with assistant district attorneys and victim/witness advocates in the Boston area suggest that immediate family members' negative attitudes toward the court process may be important factors influencing a victim's decision not to prosecute. Immediately following victimization, people may be unusually susceptible to the influence of others.[60] Close others who urge avoidance of legal proceedings might be highly influential, even if a woman preferred to prosecute. Supporting this suggestion is Feldman-Summers and Ashworth's finding that, for all ethnic groups, the perceived expectations of a male partner (husband, boyfriend, or lover) and of friends were reliable predictors of behavioral intention; that is, the stronger a woman's belief that her husband or friend would want her to report, the greater was her intention to do so.[61] At least two studies found that, for half of victims, the actual reporting to police was carried out by a friend or relative whom the victim had contacted, again suggesting victim reliance on close others in their decision to report.[62]

Legal personnel.—Initial experiences with legal personnel (e.g., police, medical staff, victim/witness aides, lawyers) after reporting are also highly likely to affect a victim's decision to persist with prosecution. Increased reporting of rapes and usage of the justice system could be

attributed to many factors, including improved police handling cases, increased knowledge and sensitivity of hospital emerger sonnel, societal changes in attitudes toward rape encouraged by women's groups, and legislation barring the use of evidence ab victim's past sexual activities other than those with the defendar the presence of victim/witness advocates over the past 8 ye increased the probability of prosecution seems highly likely, if to demonstrate. Victim/witness programs have sought to impı the following specific areas of court involvement: education re; the adjudication process, location of witnesses, provision of infoı to victims on the status of their case, reduction of long waiting in court before the trial, transportation and child-care services for "sensitive" witnesses, protection of witnesses, and assist obtaining compensation. The impact that these programs ha on rape victims' willingness to prosecute is not known, althou; of those involved with these projects believe that it has be stantial.

In view of their cost, it is important that we learn wheth programs have increased the level of support felt by victims an have influenced victim willingness to report and prosecute. H to demonstrate such a phenomenon, we would first have to det whether the reporting and prosecution of rape have increased ii years beyond any increases in the actual incidence of the crim We know that the reported number of rapes per capita has in in the past decade, but is this because more crimes are being con or because more victims feel comfortable notifying legal auth In the absence of population surveys that address this issue, we presently answer this question; nor can we know the degree t improvements in police, medical, and legal processing of such have influenced willingness to report.

Attitudes and Expectations

Beliefs about the court process.—In addition to the factors di above, attitudes toward and expectations of the justice syste also affect a woman's choice to report and proceed with prose It seems obvious that a victim's prior direct experience with p courts will exert a significant influence on her willingness to and prosecute. For those who have experienced legal contact as of previous assault, positive experiences (understanding and sup police, medical personnel, and lawyers; a speedy trial; a sense o upheld) will encourage participation in this process again, v unpleasant experiences will promote avoidance of legal proce

Most rape victims, however, are first-time victims who are mo to be influenced vicariously by observation or reports of othe

have engaged the legal system to redress rape, assault, or other crimes and by information derived from secondary reports and the mass media about police and courtroom encounters.[63] Among the variables a victim must take into account are her expectations of police handling (e.g., taking her seriously, attempting to locate the attacker, etc.), as well as responses of lawyers and the judge. Again, empirical data about these influences on the decision-making process are lacking.

A further factor affecting a victim's decision to prosecute is undoubtedly her expectation of a conviction. Of every 100 reported rapes, arrests are made in half the cases, 16 of the accused persons are convicted of rape, and 4 are convicted of lesser charges, according to Federal Bureau of Investigation statistics.[64] It is clear from these statistics that the probability that a case will come to trial is low and that conviction rates are lower still. Discussion with victim/witness counselors about the probability of conviction undoubtedly discourages some women from proceeding, particularly those victims who have no evidence of physical harm.

Anticipated trial delays are also likely to reduce a woman's willingness to report and prosecute. Uncertainty about when she can expect a resolution of her ordeal and lack of control over this process are likely to increase her distress. Further, the expectation of having to review events of the rape in the distant future, after she has at least partly adjusted to the disruption provoked by the assault, is also likely to lead to avoidance of the court process. There is, however, little empirical information about the influence of victim attitudes and expectations on the decision to use the legal system.

Fear of reprisal from the assailant or his family has been widely reported by researchers investigating the impact of rape.[65] Initial interviews at Beth Israel's Rape Crisis Center indicated that 7 of 12 victims feared retaliation.[66] It is not surprising that such fears are cited as significant inhibitors of reporting to police,[67] particularly for minorities, 75 percent of whom gave this as their reason for not reporting the crime.[68] As Viano suggests, "Fear of reprisal by the rapist . . . can be a paralyzing force exercising a tremendous hold on the victim. The realization that the system is not able or willing to effectively protect her from other assault or harrassment and to solve her problem in a satisfactory and definitive manner, once she summons the courage to report it, is a powerful deterrent against seeking help and redress. Unfortunately, the fear of the victim is well founded."[69]

Beliefs about herself.—In addition to the attitudes discussed above and expectations of the justice process, the victim's expectations of herself and beliefs about her own capacity to emotionally withstand the prosecution process will affect her choice to proceed. If she believes that the reporting process will result in eventually feeling calmer and safer, she is more likely to wish to report.[70] A further need, suggests

Katz, is that she reestablish a sense of control over her life.[71] This need may be met, at least partially, by pursuing a trial, not only to seek literal control over her assailant through a jail sentence, but also to enable her to feel that she has engaged actively in expressing her anger and fear. In this way she may increase her sense of self-efficacy, which has been found to be an important factor in positive therapeutic outcome for fearful persons.[72] Whether court involvement in prosecuting accomplishes the needed emotional processing of these feelings is an unanswered question and is discussed further in the second part of this article. A first step in the emotional processing and regaining of a lost sense of control may be facilitated by the victim/witness advocate's efforts to help the victim make her own decisions regarding the court process rather than having these decisions made for her. Such a strategy may avoid exacerbation of feelings of helplessness already induced by the assault experience.[73]

Discussion

From the above review it is clear that limited empirical information exists regarding the factors that affect rape-victim decision making about reporting and prosecuting and that some of this information derives from studies with inadequate methodology. It appears that women are less likely to call police if they are raped by an acquaintance, are of lower socioeconomic status, have close others who urge them not to report, do not expect a conviction in court, and are afraid of reprisal from their assailant. The likelihood of prosecution increases if the rape was accompanied by physical harm. Surprisingly, the levels of depression and of social support were not related to decisions to prosecute, although the impact of these latter factors on reporting to police is untested. Further, no empirical data are available regarding the impact of "con" compared to "blitz" rapes and the degree of fear, self-esteem, self-blame, or anger experienced by victims. Nor do we know the effect of prior experience with and media information about the court or the impact of recent improvements in the court proceedings (especially victim/witness aides). Obviously, we know little about who will report and prosecute. It is also obvious that research comparing reporting and nonreporting, prosecuting and nonprosecuting victims is necessary if we are to increase the knowledge needed to improve law enforcement of the crime of rape.

As awareness has increased regarding the "second victimization" that has taken place at the hands of police and later in the courtroom, substantial efforts to minimize further trauma in the process of reporting and prosecuting have taken place. As Hendricks points out, "The victim is more likely to be of assistance in the investigation if she is treated with understanding, patience and kindness."[74] Efforts to correct

unfair treatment by police have paid off: in recent years, victims have typically reported positive experiences with police officers.[75]

Reporting to police, however, may not necessarily indicate that a victim wishes to prosecute her assailant. As McCahill, Meyer, and Fishman reported, 20 percent of cases did not make it past the preliminary hearing due largely to withdrawal of victim cooperation.[76] Reporting to police and prosecution may in fact prevent future suffering by encouraging better emotional processing of the event. Victim/witness programs lend tacit approval to this view since these services are available only to those who engage the justice system. However, Smith and colleagues and Katz concur with those who believe that a victim should be encouraged to seek her own path to recovery and recognize that prosecution may not always be the most appropriate option.[77] Still, for the sake of other women in the society, it is an option that should be encouraged unless there are strong reasons not to do so.

Impact of the Legal Process on Victims

The Court Process in Brief

In order to evaluate the effect that engaging in the criminal justice process may have on victims of rape, it is first essential to delineate what that process typically includes. The exact procedures differ from state to state and even county to county. Further, within a given county, one woman's legal experience will differ widely from another's, depending on the circumstances of the case and on the behavior of legal personnel. The woman begins the legal process by reporting the crime to the police and identifying the assailant by name, face, or other personal characteristics. The victim may be asked to identify the assailant in a police lineup. The accused assailant is then arraigned, and a preliminary hearing is held. In Massachusetts, a brief and somewhat informal probable cause hearing is held with victim, defendent, attorneys, and judge to determine whether there is sufficient cause to take the case to trial. This is usually held within 2–4 weeks after arraignment of the accused, and plea bargaining may occur at this stage. A grand jury hearing with testimony before a jury (but not judge or defendent) may follow or substitute for the probable cause hearing. Finally, a superior court trial is scheduled 3–18 months after arraignment, during which the victim, witness, and attorneys appear before a judge and jury. During the trial the victim may expect to take the stand for a prolonged period ranging from 90 minutes to a few hours.

It is clear that there is considerable variability in a woman's legal experience, and it is of concern to know whether some procedures (e.g., probable cause vs. grand jury hearing) provoke less immediate

and long-term stress for the victim than others. Unfortunately, no empirical evidence has been reported on this issue, thus preventing effective advocacy for restructuring the court process in the interest of victims' welfare.

With regard to the psychological impact on the victim of going to trial, some evidence of negative effects has accumulated. Kilpatrick, Resick, and Veronen noted that interactions with the criminal justice system, including testifying in court, provoked anxiety throughout the 6-month period after assault.[78] Sales, Marcus, and Brainard found that those whose cases had been tried by the 6-month follow-up assessment tended to show more symptoms than those who had not pursued their cases.[79] By contrast, in an analogue study, Cluss et al. found that at 6 and 12 months after rape, women who wished to prosecute did not differ in their level of depression from those who did not wish to proceed.[80] Those who preferred to prosecute, however, did report higher levels of self-esteem at 12 months; no data on anxiety or other psychological symptoms were provided. When women who wished to prosecute were divided into those able to do so and those who could not (assailant not apprehended, advised to discontinue due to insufficient evidence), surprisingly, a trend toward more rapid improvement in self-esteem was evident for those who could *not* participate in the court process. These findings suggest that the court proceedings may have slowed improvement in self-esteem. Similar findings were reported for social adjustment: prosecuting led to greater difficulty in work, home, social, and overall functioning than not prosecuting, particularly at 1 year after rape.

Neither the Cluss et al. nor the Kilpatrick et al. studies indicated when in the trial proceedings the evaluations were conducted. Thus the impact on victims of specific events in the legal process (e.g., identifying the assailant, preliminary hearing, trial) is unknown. The data from the studies cited here, as well as informal observations of legal personnel, suggest that exacerbation of psychological distress is likely during legal proceedings. Testifying forces victims to relive their experience and may provoke a variety of reactions including fears of retaliation, increased nightmares, decreased social activities, and more dissatisfaction with heterosexual relationships.[81] As Cluss et al. reported, "The anticipation and the actual experience of going to court calls up a whole series of doubts in the victim's mind . . . [which] may precede the actual trial date by many weeks and may last for a considerable period of time following the trial, even if the rapist is convicted."[82]

If the trial process provokes such negative responses, why would a victim elect this course of action? Katz suggests that the trial process could have positive effects for the victim, including regaining some control in her life and beginning to move out of a victim role. She further proposed that the trial may provide a "forum through which

a woman can work through her emotional responses to the rape, as well as provide a symbolic ending to the rape."[83] That is, the retelling of the rape experience may aid many in emotionally processing the event and perhaps doing so more rapidly than would otherwise occur. Whether prosecuting leads to long-term benefits or difficulties for most women is impossible to ascertain from available data.

For women who do choose to prosecute, some phases of the criminal justice system are no doubt intrinsically stressful. However, various specific factors in the court process at the time of police contact, hearing, trial, and sentencing may mediate the positive or negative long-term effects cited above. As previously noted, little empirical data are available regarding the impact of particular court proceedings on the victim. Consequently, information on the subject is sparse and largely impressionistic.

Police Contact

With regard to police contact, a report by the American Psychological Association suggested that reporting to police may lead to reestablishment of the victim's feelings of control and reduction in feelings of vulnerability.[84] This suggestion was supported by Brown's finding that good police-victim relationships led to better victim readjustment.[85] However, contacts with police and medical personnel were not predictive of long-term impact of rape according to a study by Sales and colleagues.[86] The latter findings may have been due to the restricted range of this variable in their study; by 1984 most victims held positive attitudes toward police. As Smith and colleagues noted, however, police have tended to concentrate their efforts on stranger rape and thus may be less helpful to victims of acquaintance rape who may then show more persistent negative reactions following police contacts.[87] This hypothesis awaits empirical testing.

Hearing and Trial

In addition to police contact, researchers have identified a number of specific factors in the trial process that retard victim recovery, despite efforts to redress wrongs to victims in the legal process. Both the length of the criminal justice process and trial delays have been implicated in extending the recovery process for victims.[88] When a conviction was obtained, fewer symptoms were evident 6 months later, but if the trial was still pending, greater symptoms were apparent. Sales, Baum, and Shore suggested that extended court procedures may slow the return to normal functioning, and after a certain time, pursuit of a case becomes more harmful than helpful in the victim's psychological recovery.[89] The President's Task Force on Victims of Crime has urged

that prosecutors strongly discourage case continuances and, if they are unavoidable, explain the reasons for them to the victim.[90]

Other aspects of the trial process are likely to have considerable impact on the victim, although empirical evidence is, as yet, unestablished. McCahill and colleagues proposed that the formality and propriety of the courtroom are important mediators of the victim's experience.[91] They suggest that although "the defendant has the right to a public trial, . . . the constant flow of people and the sea of shifting and unfamiliar faces can be extremely disruptive to the court procedure" and "upsetting to witnesses, especially to rape victims."[92] In light of the effect the courtroom has on the proceedings and on the victim, the judge's role in monitoring the courtroom atmosphere may play an important part in victim distress.

The type of defense employed by the defense attorney may also have an impact on victim adjustment. In particular, McCahill and colleagues propose that a defense claim maintaining that the woman consented to sex is injurious since it puts the victim on trial and calls into question her discouragement of the perpetrator of the crime.[93] In reaction, a victim may either become angry or lose self-confidence and become confused. Either response may effectively delay or reverse her emotional rehabilitation, as well as damage her credibility as a witness in the eyes of the court. In a similar vein, McCahill et al. note that the "stereotypes that are seen in rape cases invariably portray a woman as degraded, oppressed, dependent, and victimized."[94] They suggest that the use of such stereotypes damages self-esteem and contributes to negative emotional reactions following the legal process. In some cases the effects of sexual discrimination may be compounded by the victim's membership in an unempowered socioeconomic, racial, or cultural group. For example, "middle-class women may more often verbalize their distress, and complain to the court when they feel victimized by the proceedings." However, those with lower socioeconomic status may exhibit less emotional reactivity about the rape in court and, having learned to expect unfavorable treatment from authorities, may adopt an "attitude of withdrawn hostility and smoldering anger."[95] Again it should be noted that empirical data supporting the importance of these courtroom and trial factors in affecting victim recovery remain to be collected.

In addition to the formal trial process, social support throughout the proceedings is also an important mediator of the effects of the criminal justice system. Needless to say, relationships with family and friends will influence how well the victim negotiates the system. In addition, McCahill and colleagues suggest that social support, especially from other women who have had similar experiences, is important in reducing the emotional trauma of the court experience.[96] The victim/witness assistant appears to be an important source of support. Sales

and colleagues propose that victims who choose to prosecute need a full explanation of what will happen as they move through the court system and continued support to emotionally process the "letdown" after the trial is over.[97] In accordance with these suggestions, the many roles of victim/witness assistants enumerated by Holmstrom and Burgess are valuable directly to the victim and indirectly to the criminal justice system: "Among other duties, the victim specialist in this program explains the role he or she has in the criminal justice system, gives advice on documenting any financial losses, explains provisions of the Victim of Violent Crime Compensation Act and the Federal Crime Insurance Act, gives notification of the trial date, explains what has happened in the court sessions, and makes sure [she] is informed of the outcome of the court action and the disposition of the case."[98]

Thus, a number of variables in the courtroom proceedings have emerged as potential stumbling blocks or aids to recovery. These include delays and duration of the process, courtroom formality, types of defense attorney behavior, discrimination, and the support of family, friends, support groups, and victim/witness assistants. In light of the seemingly substantial effects these factors may have on the victim, it may be important to consider whether women without this level of support should prosecute.

Verdict and Sentencing

Surprisingly, the effect of trial verdicts on long-term response has not been studied to any great extent. Sales, Baum, and Shore found that conviction led to fewer symptoms 6 months later.[99] But some researchers suggest that the verdict is often less distressing to the victim than her experiences during the actual trial proceedings.[100] Many victim/witness advocates, however, express frustration in attempting to explain to a woman whose assailant was adjudged not guilty why this verdict has been handed down; convincing her that the jury did not necessarily disbelieve her testimony is not an easy task. It would be surprising if the verdict had little effect on the victim.

Summary and Implications

Although inconclusive, the literature addressing the impact of the legal process on the victim points to specific aspects of the system that may serve to enhance or disrupt the rape victim's recovery. A summary of these findings and observations will highlight those phases of the system that might be retained or modified in the interest of victim recovery. It appears that involvement in the criminal justice system, particularly trial proceedings, potentially has a positive effect on the victim with regard to expression of anger, emotional processing of the

event, a sense of empowerment, and reduction in feelings of victimization. However, this effect appears to be *mediated* by several factors, including the quality of experience with legal system personnel, ability to prosecute if the victim/witness so chooses, timing of the trial, the seriousness with which the crime is treated in court, discriminatory statements or allegations during the trial, education and social support throughout the process, and the trial outcome.

It is disturbing that the bulk of the above information is derived from observations rather than from systematic research. We cannot, at present, say that we know what aspects of the court process have the most distressing effects on victims and therefore where we should first focus our change efforts to maximize the gains. Nor can we say with certainty whether those efforts that have been made to remediate presumed wrongs in the system (e.g., victim/witness aides, police-training programs) are effective in relieving victim suffering. Without substantiation of their benefits, such programs are vulnerable to elimination for budgetary and political reasons.

Should a rape victim prosecute? It appears that there may be a conflict between society's needs and those of the victim. As Ruback, Greenberg, and Westcott argue, "The needs of the rape victim not to relive the trauma by undergoing questioning by suspicious police officers and a hostile defense attorney might conflict with the police's goal of arresting the offender and potential victims' desire to be protected from subsequent victimization."[101] The conclusions drawn by Tsitsoura are apropos here: "The considerable interest shown . . . for the problem of victims, especially during recent years, reflects the belief that taking the victim's needs and interests into account is essential for an effective crime policy. Taking care of the victim should facilitate the prevention of crime and the application of measures towards the resocialization of offenders."[102] Some creative measures akin to those proposed for children testifying in sex-abuse cases may be needed to help reduce the emotional cost of going to court and increase the willingness to do so.

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Choosing Family Measurement Devices for Practice and Research: SFI and FACES III

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Practice trends that emphasize the social functioning of family units have created a need for reliable and valid whole-family measurement devices. This study empirically compares and estimates the criterion and construct validities of two of the more prominent assessment devices in the field: the Family Adaptability and Cohesion Evaluation Scales (FACES III) and the Self-Report Family Inventory (SFI). Although reliability and validity estimates for the SFI were more consistent than those obtained for FACES III, the findings suggest differential rather than exclusive use of one assessment device. The implications of these findings for practitioners and researchers and for continuing work in the field of family measurement are addressed.

Introduction

In recent years social work practitioners have increasingly advocated preventive and treatment activities that target the social functioning of whole family units rather than individual clients. Family-oriented social work has been applied to a wide variety of life transitions, circumstances, and problems among many different client groups.[1] This practice trend has resulted in a critical need for family assessment models that identify the factors that constitute optimal family func-

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tioning. Similarly, reliable and valid assessment tools for these models are urgently needed by practitioners and researchers who need to assess family interaction and adaptation.

Although a number of family assessment models have been developed, some are less useful than others for the applied work of social work practitioners and researchers. The family functioning frameworks developed by Barnhill and by Kantor and Lehr, for example, are highly theoretical.[2] Neither of these models has provided social work practitioners with observable factors that actually differentiate adaptive from maladaptive patterns of family functioning. Other models, however, are more pragmatic and clearly specify the components of optimal family functioning. In particular, the Beavers Systems Model of Family Competence and the Circumplex Model of Adaptability and Cohesion provide concise frameworks for the assessment of family functioning. Consequently, both models have been used extensively in the testing and evaluation of clinical practice and as conceptual frameworks for long-range research projects investigating family life.[3] The development and availability of measurement devices tailored to each model enables social workers to assess family functioning from both of these perspectives

Unfortunately, however, little data exist to guide practitioners and researchers when they must choose between measures of these two prominent models of family functioning. Available information about the comparability of the models is incomplete and somewhat contradictory; validation studies for both models have primarily been conducted independent of one another.[4] The early theoretical discussions comparing the Beavers Systems Model with Olson's Circumplex Model emphasized the similarities of the major factors identified by each.[5] However, the results of more recent empirical comparisons have not produced the predicted correlations when the same family members have completed self-report instruments derived from both models.[6] Two explanations have been advanced to explain these inconsistent results. One emphasizes the divergent theoretical assumptions about family life in the models, while the other focuses on problems with the samples, measures, and methods of data analysis used in the comparative investigations.

Theoretical Assumptions about Family Life

The primary construct of the Beavers System Model is the level of competence of families. Family competence is described as a linear attribute and all families are believed to fall on a continuum of competence. At one end of the continuum are leaderless, invasive, and chaotic families whose members possess diffuse interpersonal boundaries. Near the midpoint of competence, families exhibit rigid inter-

personal controls, with frequent distancing, projection, and little closeness. At the more competent end of the continuum, families tend to be well-structured units. Family members are autonomous individuals who share intimacy and closeness as well as a respect for separateness.[7]

Since the original formulation of the model in the mid-1970s, the dimensions of family competence have been modified in response to clinical and research experience. The most recent formulation of the model includes the general dimensions of family health and five more specific domains of family life: family communication, family conflict, family cohesion, directive leadership, and family expressiveness. Family members' evaluations of their families' competence in these domains are measured by the Self-Report Family Inventory (SFI).[8]

Unlike the linear Beavers System Model dimensions, which emphasize growth, the Circumplex Model of Adaptability and Cohesion focuses on family adjustment. Family adjustment is related to adaptability and cohesion in a curvilinear rather than linear way. Optimal levels of functioning exist among families who achieve moderate, rather than extreme (high or low), levels of adaptability and cohesion. Adaptability is defined as the ability of the family system to change its power structure, role relationships, and relationship rules in response to situational or developmental demands. Optimally functioning families are those that can achieve a balance between the dysfunctional extremes of chaos (too much change) at one end of the continuum and rigidity (not enough change) at the other end. Cohesion, the other major dimension of the Circumplex Model, is defined as the emotional bonding between family members. Less functional families are either overly close (enmeshed) or not close enough (disengaged). Optimal levels of cohesion are achieved by families between these extremes.[9]

Three versions of the Family Adaptability and Cohesion Evaluation Scales (FACES, FACES II, and FACES III) have been developed from the Circumplex Model. The model is represented by a diagram in which adaptability and cohesion are placed at right angles to one another. Families that have achieved balance on both adaptability and cohesion are located at the intersection of these two dimensions while families experiencing extremes on these dimensions are located at varying degrees of distance from the center of the picture.

Theoretical explanations for the inconsistency of predicted associations between measures of the Beavers and Circumplex Models have primarily focused on the differences between linear and curvilinear assumptions about family functioning. Findings by Beavers, Hampson, and Hulgas that adolescents who rated their families at optimal levels of competence on the SFI also tended to rate their families as overly cohesive (enmeshed) and overly adaptive (chaotic) on FACES II have been used to question the notion of curvilinearity in family functioning.[10] Similar findings of a linear relationship between family members' FACES II cohesion

scores and a series of marital and family life satisfaction indicators were reported in a national study conducted by Olson and his colleagues.[11] Finally, Green, Kolevzon, and Vosler's failure to observe predicted associations between the Family Awareness Scales (FAS), an alternative measure of the Beavers System Model, and moderate or balanced FACES scores may also point to differences between the two models.[12]

Methodological Problems

Five methodological problems have confounded attempts to understand the relationship between measures of the Beavers and Circumplex models and the aspects of family functioning measured by each. First, Olson has been particularly concerned with the relatively homogeneous samples used to examine the correlation of FACES scores with the SFI and with other linear measures. He has suggested that the linear associations reported in these studies have resulted from samples that do not have the full range of family variation described by the Circumplex Model.[13]

A second methodological concern has been that comparisons of the Beavers and Circumplex Models have not used the most recently refined measures of each. The measurement devices for these models have changed radically. A third methodological problem is the limitation of self-reports in some studies to only one family member. Several studies of family life have emphasized the differences that occur among family members when they are asked to evaluate the functioning of their family units.[14] The fourth methodological problem evident in previous attempts to compare and validate the two models of family functioning concerns the methods of data analysis used. In some instances the analysis of FACES data has been obscured by a reliance on mean scores and linear correlation coefficients which cannot reflect the curvilinear character of the Circumplex Model.[15]

Finally, the absence of a planned comparative validation study has also contributed to lack of understanding of the relationship between the two models. Although the validities of the FACES instruments and the SFI have been examined in a number of independent investigations, little is known about the comparative ability of these instruments to discriminate "known groups" of more functional families from their distressed counterparts. Similarly, the absence of such a comparative study has limited our knowledge about the manner in which both instruments correlate with other measures of family and individual well-being. The present comparative study estimated the criterion and construct validity of the SFI and FACES III. The design of the study addressed each of the sampling, measurement, and data analysis issues described above.

Method

The sample included clinical and matched nonclinical groups of adolescents and their mothers. Data from the clinical families were collected within the first week of a teenager's admission to the adolescent inpatient psychiatric unit of a large southeastern university teaching hospital. Questionnaires were completed by 43 of the 104 adolescent patients admitted to this short-term treatment unit during the 18-month period of data collection. Data were not collected when a patient was hospitalized for less than a week ($n = 17$), when clinical staff judged that psychosis or a learning disability diminished the patient's ability to complete the self-report instruments ($n = 11$), when an adolescent had not been living in a family unit prior to admission ($n = 21$), or when an adolescent or mother was unwilling to participate in the study ($n = 12$).

Computer-assisted methods were used to select the names of 300 potential nonclinical families from the records of a large southeastern school district. The names of the adolescents were randomly chosen after excluding students in special education classes and those suspended from school or absent more than 25 days during the previous year.

Letters were sent to parents in this potential pool of nonclinical families describing the study and soliciting their participation. The families were offered free movie tickets to a local theater chain as an incentive. When they agreed to be included in the study and returned the consent form, they were mailed parental and adolescent forms of the questionnaire. The mothers were then contacted by research assistants who made an appointment to visit the family home. The research assistants picked up the completed questionnaires and administered a short screening interview to the mothers. The interview included questions about the family's history with casework, counseling, and psychotherapy, with alcohol and drugs, and with the juvenile and criminal justice systems.

Of the 300 selected families, 156 (52%) responded to the solicitation letter and almost two-thirds (65.4%) of these agreed to participate in the study. After families who had reported mental health, substance abuse, or legal troubles in the past year were excluded, a nonclinical sample of 43 adolescents and their families remained. Because adolescents' reports of their family functioning have been shown to vary by age, race, and sex,[16] and because some family literature suggests the dynamics of two-parent and single-parent families may differ,[17] each nonclinical family was matched with a clinical family on these attributes. Consequently, the final validation sample included data collected from 86 families. Because eight of the clinical mothers failed to complete questionnaires and four of the clinical adolescents were living with single fathers, the mothers' comparisons are based on the 43 nonclinical and 31 clinical mothers who completed the questionnaires.

Sample Description

The mean age of the adolescents was 15.3 years, although they ranged from 12–18 years of age. Fifty-five (64%) were females. More than half (58.1%) of the adolescents were white, 34 (39.5%) were black, and two (2.3%) reported membership in "other" racial groups. The mean number of years of school completed was 9.35 with a range from 6 to 12 years. Thirty-three (38%) of the adolescents were living with their mothers and fathers in intact families while 53 (62%) lived with single mothers. As anticipated, chi-square tests and analysis of variance supported the success of the matching procedures. No statistically significant differences were noted between the clinical and nonclinical adolescents on any of these demographic variables.

The mean age of the mothers in the sample was 39.1 years and the mean number of years of formal education completed was almost 13 (12.7). Most (80%) were employed outside the home. The annual family incomes ranged from less than $10,000 a year to over $50,000; the median income was just over $25,000. Differences between the clinical and nonclinical mothers on these characteristics were statistically significant only on family income and mothers' education. The nonclinical mothers had completed more years of formal education ($p < .023$) and their family incomes were somewhat higher ($p < .014$).

Measures

Variables in the Circumplex Model were measured with FACES III, the most recent version of the Family Adaptability and Cohesion Evaluation Scales.[18] This revised 20-item instrument is composed of two 10-item subscales that assess adaptability and cohesion. Under the curvilinear assumption of the Circumplex Model, appropriately close families should achieve moderate scores on the cohesion subscale. Moderate or balanced scores fall between scores representing either of the less functional extremes of enmeshment and disengagement. Similarly, the scores of more functional families on the adaptability subscale should fall in a moderate zone between scores representing rigidity and chaos in family relationships.

Cronbach alphas for FACES III in the present study are presented in table 1. These reliability coefficients are similar to those reported in previous studies in which estimates of internal consistency for the cohesion subscales were higher than those obtained for the adaptability subscales.

Variables in the Beavers Systems Model were measured by the Self-Report Family Inventory (SFI). Like FACES III, the current version of the SFI incorporates a number of recent refinements. The instrument utilized in the present study consists of 36 items with three-point scales.

Table 1

No. of Items and the Internal Consistency of FACES III and SFI Subscales

Scale	No. of Items	Alpha Coefficients	
		Mothers	Adolescents
FACES III			
Adaptability	10	47	63
Cohesion	10	82	88
SFI			
Family health	19	87	92
Family conflict	12	85	89
Family communication	4	10	.49
Family cohesion	5	44	66
Directive leadership	3	06	06
Expressiveness	5	.77	.81
Full scale	36	.92	.94

Family members respond to these items by indicating whether or not each statement about family life "fits our family very well" (1), "some" (2), or "not at all" (3).[19] The 36 items form six subscales and provide an overall measure of family competence. The number of items in each subscale and the Cronbach alphas obtained in the present sample are summarized in table 1. As indicated in the table, the internal consistencies for the SFI subscales vary considerably. Full-scale alphas for the mothers (.92) and adolescents (.94) are high. Similarly, the coefficients for the health, expressiveness, and conflict subscales indicate acceptable levels of internal consistency. Not surprisingly, however, the alphas obtained for the communication and the directive leadership subscales in the present sample are unacceptable. The number of items comprising these scales are probably too few to reliably measure the constructs they were created to measure. The alpha coefficients may also indicate that the items constituting the subscales are tapping different aspects of family life.

In addition to the measures of whole-family functioning, the respondents completed selected instruments from the Hudson *Clinical Measurement Package*.[20] These instruments assess the severity of family members' problems with depression (Generalized Contentment Scale—GCS), self-esteem (Index of Self-Esteem—ISE), and parent-child relations (Parent's Attitude toward Child—PAC, or Child's Attitude toward Mother—CAM). Each of these instruments consists of 25 statements with five-point scales. The statements elicit the frequency with which respondents experience particular problems. Each instrument provides a severity score ranging from zero to 100 points. Higher scores indicate greater degrees of problem severity.

The reliability and validity of the *Clinical Measurement Package* scales have been previously estimated and reported in a series of studies.[21]

The alphas obtained in the present sample were similar to previous estimates. These coefficients ranged from .92 to .96, suggesting excellent internal consistency for each of the *Clinical Measurement Package* scales.

Results

Data analysis was conducted in three phases. First, the associations between the SFI and FACES III were examined by pooling the clinical and nonclinical samples and computing Pearson correlation coefficients. In the second phase of data analysis the concurrent criterion validities of both measures were assessed by the known group method and with the use of multiple and univariate analyses of variance, chi-square, and correlation techniques. Finally, construct validities were assessed by pooling the samples and observing the correlation coefficients between the two whole-family measures and selected measures of individual and dyadic well-being.

Correlations between the SFI and FACES III

Tables 2 and 3 summarize the correlation coefficients between the SFI and FACES III for the adolescents (table 2) and for their mothers (table 3). For this procedure, balanced adaptability and cohesion scores were assigned a value of "1." Unbalanced or extreme scores, those scores falling above or below the normative cutting points, were assigned a value of "0." Total scores were computed by summing the SFI subscales and counting the number of balanced FACES III subscales (0, 1, or 2).[22] Correlations of these total scores with other scores are also shown in tables 2 and 3.

The different results for the adolescents and for the mothers as shown in these tables is particularly striking. Significant correlations between FACES III and all but one of the SFI subscales were obtained for the adolescents while none of the 21 coefficients were statistically significant for the mothers. In addition, statistically significant and moderately robust correlations were obtained between all but one (communication) of the adolescents' SFI subscales and the FACES III cohesion subscale, while only one of the correlations between the SFI subscales (expressiveness) and the adaptability subscale was statistically significant.

Concurrent Criterion Validities

Two statistical techniques were employed to examine the concurrent criterion validity of the SFI and its subscales. Multivariate and univariate analyses of variance were to be used to determine whether the differences in SFI means were statistically significant. Then point-biserial correlation

Table 2

CORRELATIONS BETWEEN THE ADOLESCENTS' FACES III AND SFI ASSESSMENTS

FACES III	SFI SCALES						
	Health	Conflict	Communication	Cohesion	Leadership	Expressiveness	Full Scale
Adaptability	14	12	.01	.09	09	19*	13
Cohesion	.58**	.55**	.18	44**	41**	54**	60**
Full scale	48**	.46**	12	36**	34**	49**	48**

*$p < 05$.
**$p < 001$.

Table 3

CORRELATIONS BETWEEN THE MOTHERS' FACES III AND THE SFI

FACES III	SFI SCALES						
	Health	Conflict	Communication	Cohesion	Leadership	Expressiveness	Full Scale
Adaptability	− 08	−.01	04	− 05	− 01	13	− 03
Cohesion	.13	11	− 09	06	01	− 02	.15
Full scale	05	13	05	− 01	01	04	08

coefficients were calculated to estimate the strength of the association between scales of the SFI and whether respondents were in the clinical (coded "0") or nonclinical (coded "1") groups. Hudson has referred to this type of concurrent validity as "discriminant validity" and to the point-biserial correlation coefficient as the coefficient of discriminant validity.[23]

The MANOVA testing yielded statistically significant results for the adolescents' scales (Hottellings T^2 = .28, F = 3.56, p = .004) and for the mothers' (Hottellings T^2 = .21, F = 2.16, p = .041). Table 4 summarizes the univariate tests for each scale and the results of the correlation analyses.

For both family members, the full-scale SFI means were significantly higher for the nonclinical as compared to the clinical group, and the magnitude of the correlation coefficients were similar. Similarities between the adolescents' and the mothers' reports were also noted on the SFI subscales. In particular, the family health and family conflict subscales were the most highly correlated with group membership for both family members, and the communications subscale failed to differentiate the clinical from the nonclinical groups for both the adolescents and their mothers. Although the communications subscale was the only SFI subscale that failed to differentiate the two groups for the adolescents, the differences between the mothers' means on

Table 4

CONCURRENT-CRITERION VALIDITY TESTING OF THE SFI ANALYSIS OF VARIANCE AND CORRELATION ANALYSIS

	ANALYSIS OF VARIANCE				CORRELATION ANALYSIS
	Clinical Means	Nonclinical Means	F	p	r_{pb}
Adolescents' SFI Scales					
Health	39.1	46 0	15 9	001	41
Conflict	25 6	30.4	16.7	001	41
Communication	8 4	8 3	0 0	873	01
Cohesion	10 1	11 6	0 5	001	34
Leadership	6 3	6 9	5.1	026	24
Expressiveness	10 9	12 1	4 9	028	24
Total scale	74 6	80 9	15 2	001	40
Mothers' SFI Scales.					
Health	47 1	51 9	10 5	001	37
Conflict	28.2	31 4	7 6	007	32
Communication	9.1	9.1	0.1	.974	01
Cohesion	14 4	14 8	0 3	575	07
Leadership	6 3	6 9	4 3	040	.24
Expressiveness	12 2	13.1	2 8	.096	20
Total scale	86 3	94 3	9 2	003	.37

the expressiveness and directed leadership subscales were not statistically significant.

Table 5 summarizes the concurrent criterion validities for the full-scale FACES III and for the cohesion and adaptability subscales. For the full-scale analyses, "balanced" respondents were those whose adaptability and cohesion scores were both within the designated moderate range. The ϕ coefficient, a measure of association for dichotomous variables, was calculated as the coefficient of discriminant validity.

As suggested in table 5, FACES III was less effective than the SFI in discriminating between the clinical and nonclinical groups. Indeed, no statistically significant differences emerged for the mothers' adaptability or cohesion scales. In fact, a trend in the data suggested greater percentages of balanced adaptability scores for the clinical than the nonclinical mothers.

The adolescents' data provided greater support for the concurrent validity of FACES III than that of the mothers. The cohesion scale discriminated the nonclinical from the clinical adolescents. Over 60 percent of the nonclinical adolescents had balanced cohesion scores while only 30 percent of the clinical adolescents reported balanced scores (chi-square = 11.9, p = .001). The coefficient of discrimination for the cohesion subscale (.37) was similar to that obtained for the SFI subscales. On the other hand, there was not a statistically significant difference between the nonclinical and clinical groups on the adaptability subscale (chi-square = 1.2, p = .278).

The inconsistent pattern of the concurrent criterion validity testing of FACES III for the two subscales and for different family members parallels the pattern observed in the correlational analysis of the two

Table 5

Concurrent-Criterion Validity Testing of FACES III: Cross-Tabulation and Correlation Analysis

	Cross-Tabulation				Correlation Analysis
	% Balanced Clinical	% Balanced Nonclinical	Chi-Square (1 df)	p	ϕ
Adolescents' FACES III:					
Adaptability . . .	48.8	62 8	1 2	.278	.12
Cohesion	30.2	67.4	11.9	.001	.37
Full scale	16.3	44 2	10.2	.006	34
Mothers' FACES III:					
Adaptability	86.7	67.5	2 5	.116	.18
Cohesion	60.0	60.0	.0	1.000	.00
Full scale	53.3	35.0	2 4	299	.17

Table 6

CORRELATIONS BETWEEN FACES III AND SFI AND MEASURES OF SELF-ESTEEM (ISE), DEPRESSION (GCS), AND PARENT-CHILD RELATIONS (CAM or PAC)

Family Measure	Self-esteem (ISE)	Depression (GCS)	Parent-Child Relations (CAM or PAC)
Mothers ($N = 71$)			
FACES III adaptability	.11	−.15	02
FACES III cohesion	.06	− 09	− 11
SFI	− 53**	− 73**	− 46**
Adolescents ($N = 86$).			
FACES III adaptability	− 09	− 12	− 15
FACES III cohesion	− 27*	− 47**	− 45**
SFI	− 47**	− 70**	− 67**

* $p < .01$
** $p < 001$.

scales. This trend is further examined in the construct validity testing of the two whole family instruments.

Construct Validities

Construct validity refers to the ability of measures to tap specific constructs they were designed to measure. This form of validity is most frequently assessed by examining the extent to which measures of interest relate to other measures in ways that are consistent with theoretically derived hypotheses.[24] Thus, the construct validity of family measures such as the SFI and FACES III may be estimated by testing hypotheses concerning the relationship between these measures and measures of the individual well-being of family members and the functioning of family relationship systems. Theoretical propositions may be deduced from both models which suggest that members of optimally functioning families are less likely to experience problems in their psychosocial functioning and in their parent-child relationships.[25] In this study construct validity was estimated by examining the correlations of FACES III scales and the total SFI score with measures of the severity of problems with self-esteem (ISE), depression (GCS), and parent-child relationships (PAC and CAM).

The same pattern observed in the concurrent criterion validity testing was again reflected in these correlations (table 6). For both family members negative associations were predicted between the severity of particular problems as measured by the clinical measurement package instruments and the level of family functioning as measured by the SFI. The obtained coefficients were negative and statistically significant for both the adolescents and for the mothers. However, the construct

validity testing of FACES III yielded inconsistent results. None of the correlation coefficients for the mothers' adaptability and cohesion scales was statistically significant. There was no relationship between the mothers' reports of family functioning on these scales and their reports of problems with their self-esteem, depression, or in their relationships with their child. Similarly, there were no statistically significant correlations between the *Clinical Measurement Package* instruments and the mothers' FACES III adaptability scores. However, statistically significant correlations were obtained between the adolescents' cohesion scores and the measures of self-esteem, depression, and parent-child relationships.

Discussion and Conclusions

The present findings indicate a tenuous, empirical relationship between the SFI and FACES III and are similar to those reported in earlier investigations with different samples. Clearly, the two instruments should not be used interchangeably to measure levels of whole-family functioning. These findings do not support the unequivocal use of one measure to the exclusion of the other. The research points to conditions and circumstances under which certain scales from both instruments may be used with confidence. These results also suggest problems of accuracy and consistency in both measures.

Clearly the SFI was the most accurate and consistent of the two instruments across the various measurement conditions and circumstances tested. The fact that the full-scale SFI and certain of its subscales were able to discriminate the nonclinical from clinical groups for both the mothers and their adolescent children indicates this may be a particularly useful measurement device for practitioners who must depend on the self-reported family assessment of only one family member.

On the other hand, the reliability and validity estimates obtained for some of the SFI subscales suggest caution about the use and interpretation of these subscales. In spite of previous reports of the stable factor structures for the family communication and the directive leadership subscales, the estimates of internal consistency for these subscales in the present sample raise doubts about whether or not the items constituting them measure coherent constructs. In addition, the failure of the family communication subscales to differentiate the nonclinical mothers or the adolescents from their clinical counterparts and the similar discriminative failure of the mothers' cohesion and expressiveness subscales raise questions about the validity of these SFI subscales. These findings are similar to recent unpublished observations made by Beavers and his clinical research team; the composition of the communication, cohesion, and expressiveness subscales are presently under review by Beavers and his colleagues.[26]

The results of the testing of FACES III were less encouraging than those obtained for the SFI. However, these results were also mixed On the encouraging side, the cohesion subscale showed evidence of both criterion (known group) and construct validity when used with adolescents. More of the nonclinical adolescents reported balanced family cohesion scores compared to the clinical adolescents. In addition, adolescents with moderate cohesion scores reported fewer problems with extreme cohesion scores. However, the mothers' cohesion subscales failed to discriminate between clinical and nonclinical families and these scales were not correlated with any of the *Clinical Measurement Package* instruments.

Perhaps the most distinct and troubling pattern in the data emerged from the testing of the FACES III adaptability subscales. These subscales demonstrated consistent problems in each of the reliability and validity tests conducted for both the adolescents and their mothers. The alphas (internal consistency) for the adaptability subscales do not meet conventional standards, a finding reported in previous investigations.[27] Contrary to theoretical propositions derived from the Circumplex Model, the nonclinical mothers and adolescents were no more likely to obtain moderate scores on the adaptability subscale than clinical family members. Finally, there was no relationship between moderate as opposed to extreme cohesion scores and measures of the adolescents' and mothers' self-esteem, depression, and parent-child relationships.

Implications for Use of the Instruments and for Further Research

The reliability and validity of portions of the SFI have been supported in the present investigation. Researchers and practitioners may confidently use this instrument for a variety of clinical and research applications and with different family members. The construct validities obtained for both family members should provide additional confidence for practitioners and researchers who choose to employ the Beavers Systems Model in their work with families. The present data suggest, however, that use of this family-measurement device should be limited at the present time to the full-scale level and the family-health and family-conflict subscales.

The reliability and validity of the FACES III cohesion subscale for the adolescents has similarly been supported in the present study. The internal consistency reliability and the criterion and construct validity estimates for the adolescents' cohesion subscale were similar to those obtained for the SFI. Indeed, this FACES III subscale was significantly correlated ($r = .60$, $p = .001$) with the adolescents' full-scale SFI. Consequently, the FACES III cohesion scale may be particularly useful to professionals who interpret family closeness (cohesion) from a curvilinear perspective. Because many theories of family therapy are influenced by the notions of enmeshment and disengagement, the FACES

III cohesion subscale may be a particularly valuable clinical assessment device for adolescents.[28]

The failure of the FACES III cohesion subscale to display the same level of validity for the mothers is a bit puzzling. It could be argued that the discrimination achieved by the adolescents' cohesion subscale may be attributed to an underlying generalized discontentment factor arising from the institutionalized adolescents' mental states at the time of the testing procedures. If this were the case in the present data, we might have expected the same pattern in the SFI results. As reported above, however, validity of the SFI was found to be high for both mothers and adolescents.

A larger problem with the testing of FACES III in the present study, however, concerns the consistent failure of the adaptability subscale to meet any of the tests of validity for either the mothers or their adolescents. Clearly, these validity tests cast doubt on the usefulness of the FACES III adaptability subscale in family practice and research. More important, however, because family assessment with FACES III classifies families into typologies based on cohesion and adaptability scores, the present data also raise a concern about the overall ability of FACES III to accurately place families within the typology proposed by the Circumplex Model.

Questions about the definition and measurement of adaptability are certainly not new. Beavers and his colleagues have previously argued that, unlike cohesion, the Circumplex Model's family adaptability dimension should be viewed as a linear rather than a curvilinear aspect of family life.[29] The correlations that have emerged in previous comparative studies of the adaptability subscale with other linear measures of family functioning support this interpretation.[30] Indeed, it may be that certain aspects of family life are curvilinear while others are linear in nature. Studies investigating this possibility are urgently needed. They will help clarify the similarities and differences between these two prominent family models. Until evidence of the curvilinear nature of family adaptability can be empirically verified, however, practitioners and researchers should exercise caution in the interpretation of FACES III assessments that rely on both the adaptability and cohesion subscales.

Notes

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1 See, e.g., Harriette C Johnson, "Emerging Concerns in Family Therapy," *Social Work* 31 (July–August 1986): 299–307; Robert G. Green and Michael S Kolevzon, "A Survey of Family Therapy Practitioners," *Social Casework The Journal of Contemporary Social Work* 63 (February 1982) 95–99

2 Lawrence Barnhill, "Healthy Family Systems," *Family Coordinator* 28 (January 1979): 94–100, David Kantor and William Lehr, *Inside the Family Toward a Theory of Family Process* (San Francisco: Jossey-Bass, 1975).

3 See, e g., David H Olson and Hamilton I. McCubbin, *Families What Makes Them Work* (Beverly Hills, Calif.. Sage, 1983), Jerry M Lewis, W Robert Beavers, John T. Gossett, and Virginia A Phillips, *No Single Thread Psychological Health in Family Systems* (New York Brunner/Mazel, 1976).

4 For a summary of the validity testing of the measures of the Circumplex Model see David H Olson, "Circumplex Model VII Validation Studies and FACES III," *Family Process* 25 (December 1986). 337–51, for a summary of the testing of the measures used to assess the Beavers Systems Model, see Robert G Green, "Self-Report Measures of Family Competence," *American Journal of Family Therapy* 15 (August 1987) 163–68

5 W. Robert Beavers and M. N Voeller, "Comparing and Contrasting the Olson Circumplex Model with the Beavers System Model," *Family Process* 22 (June 1983): 85–95, W Robert Beavers and David H Olson, "Epilogue," *Family Process* 22 (June 1983)· 84

6 Robert G. Green, Michael S Kolevzon, and Nancy R. Vosler, "The Beavers Timberlawn Model of Family Competence and the Circumplex Model of Family Adaptability. Separate, but Equal?" *Family Process* 24 (September 1985) 385–98, W. Robert Beavers, Robert B. Hampson, and Yosef H Hulgas, "Commentary The Beavers Systems Approach to Family Assessment," *Family Process* 24 (September 1985)· 398–406

7 Beavers and Voeller

8. Yosef F Hulgas, Robert B Hampson, W Robert Beavers, and Jeannette Beavers, *The Beavers Systems Model of Family Assessment Norms, Reliability and Validity* (Dallas Southwest Family Institute, 1986)

9 David H Olson, Douglas Sprenkle, and Candace Russell, "Circumplex Model of Marital and Family Systems· I. Cohesion and Adaptability Dimensions, Family Types and Clinical Applications," *Family Process* 22 (June 1983). 69–83

10. Beavers, Hampson, and Hulgas.

11 Olson and McCubbin

12 Green, Kolevzon, and Vosler

13 Olson

14. See, e g , Alan S. Gurman and David P Kniskern, eds , *Handbook of Family Therapy* (New York Brunner/Mazel, 1981), pp 761–69, Robert G. Green and Michael S. Kolevzon, "The Correlates of Healthy Family Functioning The Role of Consensus and Conflict in the Practice of Family Therapy," *Journal of Marital and Family Therapy* 12 (April 1983) 75–84, Olson and McCubbin (n 3 above)

15 Robert G Green, Nancy R. Vosler, and Michael S Kolevzon, "Rejoinder Extending the Dialogue and the Original Study," *Family Process* 24 (September 1985) 406–8, Olson (n 4 above)

16. For a summary of the influences of these demographics on the SFI see Robert B Hampson and W Robert Beavers, "Comparing Males' and Females' Perspectives through Family Self-Report," *Psychiatry* 50 (February 1987) 24–30, for a similar discussion regarding FACES instruments, see Olson and McCubbin, pp. 219–32

17. For a recent review of the empirical findings about these differences see Robert G Green and Patricia M. Crooks, "Family Member Adjustment and Family Dynamics in Established Single-Parent and Two-Parent Families," *Social Service Review* 62 (December 1988) 600–613.

18 For more complete information about this instrument, scoring instructions, and norms, see David H. Olson, Joyce Portner, and Yoav Lavee, *FACES III Manual* (St. Paul· University of Minnesota, 1985)

19 A more recent version of the SFI, introduced after the present study was begun, utilizes five- rather than three-point scales for the same 36 items. The response labels for the extreme response categories are precisely the same as those assigned to "1" and

"3" on the SFI instrument administered in the present study Similarly, the midpoint of each five-point rating scale retains the same response label ("some") used in the present study.

20. Walter W Hudson, *The Clinical Measurement Package A Field Manual* (Homewood, Ill · Dorsey Press, 1982)

21. Ibid , pp 81–120.

22. Because the analysis of means of raw FACES scores can sometimes obscure real differences between groups on this curvilinear measure, this particular scoring procedure is recommended by Olson Cutting points from normative FACES III data were used to establish balanced scores for the adaptability and cohesion subscales For the adaptability subscale, cutting points of 22 and 30 were used to distinguish "balanced" from extreme families. For the cohesion subscale, cutting points of 32 and 43 were used to identify "balanced" families.

23 Hudson has previously referred to this type of validity as "discriminant validity."

24. Edward G Carmines and Richard A Zeller, *Reliability and Validity Assessment* (Beverly Hills, Calif · Sage, 1983), p 23

25 See W Robert Beavers, "Healthy, Midrange and Severely Dysfunctional Families," in *Normal Family Processes*, ed Froma Walsh (New York: Guilford, 1982).

26 Personal communication, Yosef F Hulgas, research director, Southwest Texas Family Institute, December 1, 1987

27 Olson, Portner, and Lavee, p. 24

28 See, e g , Salvadore Minuchin and H. Fishman, *Families and Family Therapy* (Cambridge, Mass : Harvard University Press, 1982).

29. Beavers and Voeller (n 5 above)

30 Green et al (n. 5 above); Olson and McCubbin (n 3 above), Ivan W Miller, Duane S Bishop, Nathan B. Epstein, and Gabor I Keitner, "The McMaster Family Assessment Device Reliability and Validity," *Journal of Marital and Family Therapy* 11 (October 1985)· 345–56

Book Reviews

The Kohut Seminars on Self Psychology and Psychotherapy with Adolescents and Young Adults. Edited by Miriam Elson. New York: W. W. Norton, 1987. Pp. 318. $32.95.

The eminent psychoanalyst Heinz Kohut died in 1981. He is widely known as the creator of self psychology, a new development, to use his words, in the "science of complex mental states."[1] His publications include *The Analysis of the Self*, *The Restoration of the Self*, *The Search for the Self*, and *How Does Analysis Cure?*[2] His work continues to be a source of controversy in the psychoanalytic community.[3] Nonetheless, the profession of social work seems to find his perspective rather congenial.[4]

Many social workers have found Kohut's writing difficult to read, however, preferring instead Miriam Elson's book, *Self Psychology in Clinical Social Work.*[5] The profession is fortunate to have Elson in its ranks. In her own book, she showed us how Kohut's self psychology can breathe new life into social work's distinctive concern with person-environment transactions. Now, in *The Kohut Seminars*, she has given us the gift of Kohut himself: the ways in which he organized and thought about clinical data and how he attempted to feel his way into each client's complex psychological life. In addition she provides a nontechnical elucidation of a revolutionary metapsychological perspective on people and their problems.

The Kohut Seminars is an edited transcript of a series of seminars he led in the early 1970s for the Student Mental Health Clinic at the University of Chicago. The book is divided into two sections. The first, containing seven chapters, presents the theory of self psychology in an informal, conversational fashion. Practically the only psychoanalytic jargon to be found is in the few footnotes Elson provides to connect the words and phrases Kohut used with central ideas in subsequent publications. The second section contains eleven chapters organized around case presentations prepared by the clinic staff, Kohut's discussion of the material presented, and some dialogue between Kohut and the seminar members. Since all of the cases were students in their late teens and early twenties, the book is subtitled, *On Self Psychology and Psychotherapy with Adolescents and Young Adults.*

Most of the chapters in the first, or theoretical, section of the book are superb in the way they illuminate the major psychological dilemmas of our time: the acquisition and maintenance of self-esteem; the incorporation of

sustaining values and ideals; and the anxious, driven pursuit of chemicals, careers, causes—anything or anyone, to forestall feelings of fragmentation, enfeeblement, or estrangement that arise in the absence of feeling cohesive, vigorous, harmonious, and productive. Chapters 2 and 7 seem less focused than the others. This may be due to the way the book was written (transcribed from verbal presentations), and probably will not bother most readers.

As transcribed, Kohut began the seminars by illustrating and discussing the centrality of self and the quality of certain relationships with others (whom he later designated selfobjects) for mental health. He described how it is that self-esteem is built on two types of selfobject relationships: one in which the emerging self's exhibitionism is mirrored by an admiring caretaker, the other in which the emerging self is buoyed up by being able to merge, psychologically speaking, with a caretaker who is idealized for his or her competence and strength. Over time, these kinds of relationships make it possible for the developing child to internalize the mirroring function in the form of ambitions and the idealizing function in the form of goals and ideals. Later on, in chapter 5, he identifies a third type of selfobject relationship, one that provides a twinship function, a validation of one's belonging, of essential sameness with others. It is because these relationships with others are experienced as providing the self with essential psychological functions that he later designated them as selfobject relationships.

What is particularly stimulating is how Kohut illustrates the importance of the response of the human environment to psychological development. "People who have suffered losses of objects during phases of development in which the object is still experienced as part of the self suffer later on—not from being deprived of somebody they love, but rather, from missing part of their own psychological equipment. They chase all their lives after objects, trying to fill an inner void" (p. 41).

This is an especially useful perspective for social workers employed in either public or private agencies with caseloads of clients whose behavior may appear strange, frightening, or revolting. To view that behavior as chasing after something essential that has been lost gives the worker both hope and a basis for thinking about using him- or herself in the relationship. Throughout the book there are numerous examples of the technical implications of this perspective and their beneficial effects on clients. Feeling understood in some depth is a powerfully stabilizing experience.

What is revolutionary about Kohut's self psychology is not immediately apparent in this book because what he says makes so much sense. While reading it, one tends to forget the drive and defense orientation of ego psychology and the intricate implications of object relations theories for ego development. In Kohut's conversation, the people are always present and never obscured by metapsychological constructs, except in chapter 7. There, it appears that he attempts to reconcile or render compatible his thinking with that of most contemporary psychoanalytic thought. The result is a rather stuffy, contorted chapter that provides a vivid contrast to the refreshing perspective of self psychology.

For those readers raised on ego psychology (as I was), chapter 5 ("Building Psychic Structure That Regulates Self-Esteem") provides a succinct integration of the old and the new in self-psychological terms: "If self-esteem is enhanced, if the self has become more cohesive, less fragmented, then this kind of self-esteem becomes an organizer of ego activities. Ego functions improve, and this includes learning, studying, talking, thinking, observing" (p. 72).

The second section of the book containing the case presentations and discussions will captivate many social workers and social work students. I suspect

there are two reasons for this. The first is that each case is presented just as it would be by most practitioners at a staffing or consultation. A wealth of information, impressions, and reactions bubble out. There seems to be too much information: presenting problems, predisposing factors, prior patterns, family context, peer-group influences. The presenters' mental scrambles to make sense of someone they hardly know comes through. Students and recent graduates like this; it is reassuring to them to know that others in the field share their experience.

The second reason for the fascination with this section has to do with the way Kohut responds to both the case material and the presenters. To the case material he brings a marvelous capacity for immersing himself empathically in the client's subjective experience. He does so in hypothesis-testing fashion, sifting through the clinical data in search of patterns that might refute or confirm his vicarious yet introspective understanding of the clients' sense of self and their need for selfobject responses of a particular kind. To the presenters he is ever respectful, always pointing out what they had done that was especially helpful to the client and underscoring the client's demonstrable improvement in response.

In a footnote to the first case discussed, Elson says, "It is characteristic of Kohut's response to a case presentation that he responds to the total individual and not to specific parts of specific symptoms. It is to the whole striving individual that he directs his attention" (p. 118). This attitude extends to the presenters as well and leads Kohut to attend to a variety of their practical concerns: the value of brief treatment, clients' use of controlled substances, the functions of grandiosity and of rage, clients' bringing gifts, countertransference, dream interpretation, and understanding the role of the practitioner in the process of psychotherapy.

As a whole, the book presents a richly woven tapestry that combines a theory of normal psychological development with an understanding of how dysfunctional consequences stemming from distortions in development are represented in the therapeutic relationship as the self seeks the selfobject responses it needs. Newcomers to self psychology will find reading the book a compelling and inspiring experience. Those who have struggled with Kohut's formal publications will, I suspect, discover that *The Kohut Seminars* deepens their understanding of and appreciation for the gentle wisdom of self psychology.

Unfortunately, there are three places in the text where manuscript preparation errors occur. There are five paragraphs on pages 225–27 that are repeated again on pages 242–43, and twice in chapter 12 (on pp. 195 and 200) there are references to pages in two earlier chapters that were left blank. None of these interfere with the reader's comprehension, but they are annoying flaws in an otherwise seamless publication.

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Notes

1. Heinz Kohut, *How Does Analysis Cure?* (Chicago: University of Chicago Press, 1984), p. 34.
2. *The Analysis of the Self* (1971), *The Restoration of the Self* (1977), and *The Search for the Self* (1978) all were published in New York by the International Universities Press.

The Search for the Self is a compilation of selected writings Kohut completed between 1950 and 1978 It was edited by Paul H Ornstein

3 See Howard A Bacal, "British Object-Relations Theorists and Self Psychology. Some Critical Reflections," *International Journal of Psychoanalysis* 68 (1987). 81–98, N Gregory Hamilton, *Self and Others Object Relations Theory in Practice* (Northvale, N J Jason Aronson, 1988), pp 306–8, and Arnold Rothstein, "Toward a Critique of the Psychology of the Self," *Psychoanalytic Quarterly* 49, no 3 (July 1980). 423–55

4 Susan Donner, "Self Psychology Implications for Social Work," *Social Casework* 69, no 1 (January 1988) 17–22; Amy Eldridge and Mary Finnican, "Application of Self Psychology to the Problems of Child Abuse," *Clinical Social Work Journal* 13, no 1 (Spring 1985) 50–61, Jeffrey L Trop, "Self Psychology and the Psychotherapy of Psychotic Patients. A Case Study," *Clinical Social Work Journal* 12, no 4 (Winter 1984) 292–302, and Thomas M Young, "The Development and Disturbance of Emotions An Application of Self Psychology to Clinical Work with Children," *Child and Adolescent Social Work Journal* (in press)

5 Miriam Elson, *Self Psychology in Clinical Social Work* (New York· Norton, 1986)

Social Movements in an Organizational Society: Collected Essays. Edited by Mayer N. Zald and John D. McCarthy. New Brunswick, N.J.: Transaction Books, 1987. Pp. 435. $29.95 (cloth).

The collected essays by Mayer Zald and John McCarthy and various coauthors conveniently assemble in one volume the authors' central ideas on social movements developed over a 25-year period and previously presented in various conferences, journals, and books. During this period, these ideas significantly influenced the study of social movements by focusing attention on the careers of social-movement organizations and on the mobilization of resources through which movements are carried forward. Resource-mobilization theory, as developed by Zald and McCarthy, has come to represent a major approach to understanding social movements and related phenomena and forms the basis of this volume.

The authors' perspective on social movements derives from the study of formal organizations that has moved, in the past 25 years, from a static view of organizations as rational systems to a dynamic view of organizations as open systems in continuous interaction with an increasingly complex, demanding, and unpredictable external environment consisting largely of other organizations.[1] To make sense of these interorganizational transactions, many theorists adopted a utilitarian social-exchange framework in which environments were classified, among other ways, in terms of their resource capacities or deficits (see Aldrich), and in which an organization's ability to acquire needed resources became a primary measure of its effectiveness if not its very survival (see Yuchtman and Seashore).[2] In a competitive environment, organization leaders thus require political skill in mobilizing resources, and power is a function of the ability to control the resources that another organization (or individual) needs. Furthermore, as Yuchtman and Seashore pointed out, "energy in the form of human activity," namely, members who will be committed to the organization, represents the most crucial organizational resource, hence a common target of sharp competition.[3]

The above perspective, extended to social movements and movement organizations, forms the heart of Zald and McCarthy's approach. In other words, social movements (to whose definition we will come shortly), unlike other forms of collective behavior, for example, riots, panics, and fads, are consciously built and sustained by social-movement organizations. These organizations

must compete for money, materials, and labor with a myriad of other organizations in and out of the larger social movement in order to successfully advance their goals. Moreover, since social-movement organizations aim at initially unaccepted social and cultural changes, their search for resources is especially difficult and their careers are precarious Movement leaders must, therefore, invest a great deal of energy in converting sympathizers into constituents and in negotiating other scarce resources. Their ability to do so depends not only on their technical expertise (e g , in managing the media) and their political perspicacity or personal charisma but also on the structure of opportunities available within the larger environment, including the extent and capacity of the opposition the social movement arouses.

In various papers throughout the book, Zald and McCarthy and their several coauthors elaborate on the resource-mobilization approach, the notion of a social-movement industry and a social-movement sector, and their examination of countermovements All of these are important contributions to the tools of social-movement analysis. The book also offers numerous realistic applications and propositions based on the authors' analyses that are worthy of much consideration for both practical and theoretical purposes. I especially liked the authors' efforts to extend their ideas on social movements to the realm of professional social-reform efforts, even as the extension raised troublesome questions. For social workers concerned with organizational development, community organizing, social advocacy, and social reform, the instrumental thrust of resource-mobilization theory and the analysis of familiar and relevant social-change-oriented endeavors will be informative and appealing.

Despite the considerable appeal of Zald and McCarthy's work, I was left with some questions that can, perhaps, be addressed in future writing One question, alluded to earlier, concerns the definition of a social movement itself Zald and McCarthy seem to use several different definitions depending on the phenomena they are examining Since the papers were written at different times, the variations are, perhaps, understandable. Still, the result is some confusion in my mind as to what really falls under the social-movement rubric, a confusion that I believe is more than merely academic For example, compare the following definitions

> 1) A social movement [is] the mobilization of sentiments in which people take actions to achieve change in the social structure and allocations of value [P 249]
>
> 2) A social movement is any sentiment and activity shared by two or more people oriented towards changes in social relations or the social system This most inclusive definition would analytically encompass social movements at any level of social organization (small group, formal organization, community, nation) . It would treat as marginally related or as presocial movements, sentiments and activities that express discontent with the social order, but not oriented towards relatively specific or articulated change [P 294]
>
> 3) Social movements are voluntary collectivities that people support in order to effect changes in society. Using the broadest and most inclusive definition, a social movement includes all who in any form support the general ideas of the movement [P. 339]
>
> 4) The difference between social movements and pressure groups is First, pressure groups are ordinarily part of the *polity* social movements are launched by groups without access to governmental power Second, pressure groups . rely on previously mobilized constituencies Social movements attempt to mobilize constituencies for the first time Third, social movements tend to use noninstitutionalized tactic channels of influence, and organizational forms Pressure groups employ a political system's conventional form of collective action [P 273]

5) A *social movement* is a set of opinions and beliefs in a population representing preferences for changing some elements of the social structure or reward distribution, or both, of a society. As is clear, we view social movements as nothing more than preference structures directed towards social change, very similar to what political sociologists would term *issue cleavages*. [P. 20]

Without detailed discussion here, it should be apparent that social movements are both narrowly and broadly defined, and that sometimes the definitions are contradictory. By some definitions, we could include an effort to depose the president of the student social action club, the formation of a nurses' union in a hospital, the creation of a neighborhood crime watch, and the struggle to get corporations to divest their holdings in South Africa. By other definitions, we could include only the divestiture struggle. In another vein, by one definition, Common Cause would be a pressure group; by another, a social movement (not just a social-movement organization). The recent growth of private, for-profit biogenetic engineering firms that are challenging deeply held values could also be considered a social movement, and each firm a social-movement organization. By one definition, welfare recipients' shared grievance over the low level of welfare payments would constitute a social movement whether or not they banded together to take action, and even if the action only involves writing letters to legislators.

Finally, some of these definitions allow the authors to define efforts to professionalize social reform via "professional social movements" as true modern social movements rather than as pressure groups. Professional social movements are composed of one or more social-movement organizations run by a small cadre of paid social advocates who are skillful at utilizing modern mass fund-raising technologies and media relations to create grievances, generate various degrees of support, and focus political influence, all with little or no mass-based direct action or emotional zeal, with little or none of the "hearts and minds of the people." As a social worker, I am reminded of Porter Lee's famous comments during his presidential address at the National Conference of Social Work in 1929, on the eve of the Great Depression, that social work had arrived at its finest hour as a profession by transforming its historic cause-oriented mission into the ongoing administration of "routine functional responsibility."[4]

Depending on the inclusiveness of the definition, we can imagine very different interpretations of American society. I agree that Americans have a relatively open society politically, one that allows for the expression of a wide range of grievances. At the same time, there are deep grievances that remain unarticulated or at least inadequately expressed, and whose expression, paradoxically, is hindered by the clutter of competing interests that manage to engage the public agenda. Do we really have a society awash in social movements, as these authors suggest?

Resource-mobilization theory is a compelling approach to social movements. Driven by the utilitarian logic of economic man in a society in which the "market mentality" is pervasive, I believe we need to be cautious about the extension of instrumental values to all facets of social endeavor. It is difficult not to define basic human needs, such as adequate health care or housing, as "products," not to engage in "social marketing," and not to obscure the expression of serious grievances with the calculus of cost-risk analysis. Piven and Cloward may have gone too far in *Poor People's Movements* in their position that the strength of a social movement derives from the outbreak of mass defiance or public insurgency and that the structuring of protest through building organizations impedes the movement.[5] On the other hand, Alden

Morris, in his incisive analysis of the early civil rights movement in the United States, while drawing heavily on the resource-mobilization approach, has argued persuasively for the importance of indigenous institutions and culture, passion, and charisma as central components of social-movement theory.[6] For me, at least, it is hard to dissociate social movements from joint action of an unconventional nature by some critical mass of people who feel deeply about a larger cause such as peace or civil rights or sanctuary for Central American refugees. Outside supporters, media publicity, and a large, but minimally involved paper membership base are important for promoting a social movement but not sufficient to constitute it

These cautions notwithstanding, Zald and McCarthy are keen and thoughtful observers of society, and their book is impressive in its consideration of an enormously broad range of social movements and movementlike activities *across national boundaries, historical time periods, and diverse fields of human* endeavor and social organization Their essays have stood the test of time well Whether or not one agrees with the authors' propositions, no student of social change can afford to ignore the phenomena that they richly describe and analyze, nor the questions they address

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Notes

1 F E Emery and F L Trist, "The Causal Texture of Organizational Environments" *Human Relations* 18 (1965) 21–32

2 Howard F Aldrich, *Organization and Environment* (Englewood Cliffs, N J Prentice-Hall, 1979), Ephraim Yuchtman and Stanley E Seashore, "A System Resource Approach to Organizational Effectiveness," *American Sociological Review* 32 (December 1967) 891–903

3 Ibid, p 900

4 Porter Lee, "Social Work as Cause and Function," reprinted in his *Social Work as Cause and Function and Other Papers* (New York Columbia University Press, 1937), pp 4, 5, 24

5 Frances Fox Piven and Richard A Cloward, *Poor People's Movements* (New York Pantheon, 1977)

6 Alden D Morris, *The Origins of the Civil Rights Movement* (New York Free Press, 1984)

The Organic City: Urban Definition and Neighborhood Organization, 1880–1920. By Patricia Mooney Melvin. Lexington: University Press of Kentucky, 1987. Pp 227. $25.00 (cloth).

Community organizers often display a disturbing ahistorical tendency as they engage in collective action while failing to draw on the shared experience and practice wisdom that are products of prior efforts No doubt this is true in part because activists may lack the time or the interest to read, compare, and analyze the work of those who have organized in the past. But the history of community organizing also is incomplete Little has been written about much that has happened.

Patricia Mooney Melvin has made a significant contribution with her historical study of the social-unit organization developed by Wilbur C Phillips during the Progressive Era But Melvin's work is much more than a narrow examination of a particular community organizing project. She analyzes the social-unit organization as the practical application of a conception of the city as an organism—an interdependent system of complementary parts (neighborhoods) Melvin argues that this organic analogy, which was popular in the United States between 1880 and 1920, provided a theoretical framework that shaped both urban definition and the process of neighborhood organizing. Thus, she is concerned with the role of ideas during this period in urban history, and with how those ideas affected community organization practice.

The organic analogy embraces a number of fundamental political assumptions At the most basic level, it evokes a conception of "interaction in a large, ultimately smoothly functioning, composite whole" (p. 13) There is little recognition of conflicting interests and a lack of concern with unequal power relationships. Rather, the emphasis is on the cooperation and interdependence of the component parts to create a healthy system That whole can only flourish when its parts are in good working order Problems are assumed to arise from poor communication between neighborhoods and institutional centers of power instead of from opposing interests, the abuse of power, or relations of oppression

Thus, those who subscribe to the organic analogy tend to adopt collaborative strategies to deal with social problems "Tactics employed in this approach are consensual, gradualist, and designed to work with, rather than against, the existing power structure" (p. 3). People organize to open lines of communication with the powers that be rather than to alter basic power relationships Neighborhoods become more healthy as citizen involvement and levels of participation increase. Long-term goals are more integrative than redistributive

In the first chapter, Melvin discusses the organic conception as applied to urban definition and explores its historical roots, underlying assumptions, and impact on neighborhood organizing. She then proceeds to examine Phillips's social-unit organization, arguing that it "represents the quintessential example of the translation of the organic city into action" (p. 26). Melvin traces the evolution of Phillips's model through his public health work with the New York Milk Committee (1907–11) and with the Child Welfare Commission in Milwaukee (1911–12). She illustrates how "Phillips shifted the focus of his concern from the development of neighborhood child health programs to the dynamics of social organization built on a well developed neighborhood base" (p 57). Melvin's research is superb. She is able to underscore and document her major points with rich detail without becoming lost in a maze of historical minutiae.

Phillips's social-unit plan is explicated clearly and specifically. Melvin lays out the theoretical underpinning and rationale for the model and describes its organizational form in great detail. The actual implementation of the plan in the Mohawk-Brighton neighborhood of Cincinnati between 1917 and 1919 is presented with precision and perception. Melvin examines the particular reasons for the demise of the social-unit organization when it came under attack from Cincinnati's political power structure and social welfare establishment. She closes with an analysis of "a major shift in urban definition" (p 167) that gave rise to a more pluralistic and competitive conception having implications for the practice of community organization.

Melvin's book can be read at several levels. It offers valuable insight into the thinking about the city and its neighborhoods during the late nineteenth century and the Progressive Era. Theory is linked effectively to practice when

she demonstrates how those ideas were translated into action in neighborhood organizing. Melvin also sheds new light on particular episodes in United States urban history with her studies of Phillips's work with the New York Milk Committee, the Milwaukee Child Welfare Commission, and the social-unit organization in Cincinnati. But her most valuable contribution is to the history of community organizing.

Phillips's social-unit organization has not been studied in depth previously, although it represents a stream of community organizing that is distinct from efforts such as civil rights activism, labor organizing, agrarian protests, welfare rights organizing, and the work of Saul Alinsky. Certainly, the major difference in Phillips's organizing approach is his basic assumptions about the causes of social problems and the kinds of strategies needed to overcome them. The commitment to integrative goals, collaborative strategies, and consensual tactics contrasts dramatically with the direct-action tradition that seeks a redistribution of wealth and power and employs contest strategies and tactics.

Melvin could have drawn this distinction more sharply. While the organic model was popular with some during the Progressive Era, others such as the Wobblies and the farmers of the Nonpartisan League organized along conflict lines to alter relations of power during this same period. Why did some Americans assume the existence of a relatively benign system that could be made healthier through increased citizen involvement, improved levels of communication, and a working partnership between experts and ordinary people, while others perceived a pathology of systemic injustice, oppression, and conflicting interests that could not be cured by fine-tuning democratic processes? To what extent was the organic analogy and the social-unit organizing model that emanated from it the product of an upper-middle-class consciousness? What questions are raised about the political efficacy of this approach in light of the successful attack mounted by Cincinnati's political leaders and mainstream social welfare agencies? What tensions arose between everyday citizens and professional experts as community needs got defined and programs were designed to address them? I wish that Melvin had explored these and other political questions in greater depth

However, Melvin's study does present a wealth of information about the actual organizing techniques employed by Phillips. This is a significant addition to community organizing history—especially since so many of those methods are still employed in both collaborative and contest organizing today At the most basic level, Phillips recognized what every good community organizer knows—that neighborhood residents need to have ownership and control of the organizing process. Thus, Cincinnati's Mohawk-Brighton area was chosen only after the social-unit organization was enthusiastically invited in by a wide cross-section of neighborhood people. The organizing model was deeply rooted in the community, not imposed from above or by some outside group. Thus, Melvin's study clearly links Phillips's social-unit organization to current neighborhood organizing principles and methods. She does so while adding to our knowledge of urban history and Progressive Era social thought. This is no small achievement and Melvin's book deserves a serious reading.

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Probation and the Community. Edited by John Harding. London and New York: Tavistock Publications, 1987. Pp. 248 $52.00 (cloth).

On both sides of the Atlantic, the past three decades have brought disenchantment with probation, once the shining hope of the now-faded "era of the rehabilitation ideal" in juvenile and criminal justice. Confronting this somewhat discouraging trend, *Probation and the Community* provides a series of 12 essays exploring selected issues facing contemporary probation policy and strategy. All but one, that by Douglas R. Thomson, of the University of Illinois, are written by practitioners employed within, or in close association with, the probation services of England and Wales. That service is fortunate to include among its senior staff members a group of individuals capable of, and inclined to, engage in thoughtful discourse

The mandate of the Probation Service is broad It includes presentence studies, community supervision of offenders committed to noncustodial status by juvenile and criminal courts, some work with prison inmates, aftercare, provision of social inquiry service to civil courts concerned with divorce and custody, and some crime prevention. United States readers will be interested to note that the service, faced with this multitude of expectations, is challenged by much the same confused melange of unresolved (perhaps unresolvable) issues as we are in this country. For example, both John Harding, in his introduction, and Michael Day explore the manner in which the service operates within constraints imposed by a political order over which it exerts little influence The traditional orientation of the service is shaped by such values as the worth of the individual and freedom under the law. But these values are confronted by a body politic increasingly oriented to control of the deviate. The current national administration considers that its mandate includes a war on crime emphasizing prison building and a "get-tough" approach to criminal justice. Deep racial tensions often impede meaningful black-white dialogue. Broad-scale economic conditions are such that a substantial proportion of the service's caseload is unemployed. Hard-pressed U S. probation practitioners reading these pages will at least have a sense that "we are not alone "

Most of the papers in this volume must be read in light of the assumption developed by Eric Cooper in his chapter on "Probation Practice in the Criminal and Civil Courts." Cooper writes of the "demise of treatment." Here he seems to refer to "treatment" as a form of "casework" focusing largely on attempts to change the probationers' patterns of feeling and thinking, thus changing their behavior.

Both England and the United States saw a wave of too-ready adoption of this beguiling focus. But this volume may give too little recognition to the fact that neither the early pioneers of probation social work nor its later more thoughtful practitioners would have accepted a treatment modality so lacking in attention to systems of stress or of support afforded by the practitioner's environment, or to probation's social protection responsibility. In fact, these authors discuss the fact that faith in a personality-centered orientation has been dimmed by both negative evaluative research results and by recognition that the orientation was too often implemented by overloaded and ill-prepared staff members. So inadequately implemented, treatment became more rhetoric than reality.

Confronting the decline of faith in narrow treatment approaches, Cooper and his fellow authors concern themselves with a series of developing modalities combining maintenance of the probationer's responsibility for his own behavior with attention to the interactional whole composed of coping behavior and opportunity structures. Papers by Michael Varah on the use of community-

service orders as a dispositional alternative, and by John Harding on offender reparations to victims explore trends also emerging in the United States Other papers on the residential, vocational, and educational needs of offenders, on practice with addicted probationers, and on problems presented by racism are thoughtful. Douglas Thomson's analysis of the American assault on the rehabilitation ideal and the thrusts toward the "justice model" or toward a "just deserts" model retaining some aspects of rehabilitation is a valuable contribution.

Generally, these papers seek to open dialogue on issues of value, societal mission, and broad policy, rather than on the tactics of practice However, some venture close to practice issues, as do Peter Lewis's discussion of the use of the team approach to probation supervision and Viven Stern's paper on community work for crime prevention The latter briefly presents an interesting tactic in community organization work use of a random sample of community residents, each of whom is invited to join a small discussion group of about ten persons.

The papers are not epoch making in the sense of achieving major new conceptual breakthroughs But they do discuss issues at the growing edge of contemporary philosophy and assist the reader in bringing a degree of coherence to what is too often a mix of value and belief still only vaguely formulated Thus they are of value both in this country and in that of their origin

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Cognitive Therapy: Applications in Psychiatric and Medical Settings. Edited by Arthur Freeman and Vincent Greenwood New York: Human Sciences Press, 1987. Pp. 234 $16 95.

Cognitive therapy has matured during recent years and may be on the way to becoming the thinking therapist's treatment of choice From its beginnings as a short-term treatment for unipolar depression, the approach has been expanded to such diverse problems as anxiety disorders, marital problems, sexual dysfunction, agoraphobia, anorexia nervosa, personality disorders, and childhood behavior problems. During this period, the theoretical basis of cognitive therapy has been clarified, a catalogue of novel therapeutic techniques has been developed, and the model has been cast within a developmental perspective.

This book represents a step in the continuing elaboration of cognitive therapy as a broadly based model of psychopathology and psychotherapy. The purpose of the book is practical—to serve as a handbook for clinicians wishing to apply cognitive techniques in psychiatric and medical inpatient settings.

The book begins with Freeman's concise and clearly written introductory chapter on the theory and techniques of cognitive psychotherapy—excellent for persons not familiar with the approach. The chapter's brevity, however, comes at a cost. The author is silent about recent advances in cognitive theory, such as Guidano (V. Guidano, *Complexity of the Self. A Developmental Approach to Psychopathology and Therapy* [New York: Guilford, 1987]) and Guidano and Liotti's (V. Guidano and G. Liotti, *Cognitive Processes and Emotional Disorders* [New York: Guilford, 1983]) recent work on the nature of cognitive schemata and their development, and provides little in the way of empirical support for the interventions discussed

Subsequent chapters are divided into two sections detailing applications of cognitive therapy in psychiatric and medical settings. Wright's chapter on the integration of cognitive therapy with pharmacotherapy on inpatient psychiatric units is down to earth. Regardless of one's theoretical orientation, his discussion of the manner in which patients perceive the relationship between their pharmacotherapist and psychotherapist and the meanings patients ascribe to having medications prescribed are valuable. One might disagree with Wright's assertion that cognitive therapy is of limited utility during the manic or hypomanic phase of bipolar disorders, but the chapter remains of considerable value. His case studies of cognitive techniques for improving medication compliance and enhancing the effectiveness of pharmacotherapy with suicidal patients are the stuff of effective teaching.

Worden's chapter on the use of problem-solving training for improving the adjustment of adult cancer patients to their illness is particularly promising. Although little supportive data are provided in the chapter (he has published a book, however), the techniques described seem clinically convincing and could conceivably be employed in helping patients with a range of chronic illnesses. Problem-solving techniques are also discussed by Hussain, who describes a cognitive approach to treating institutionalized geriatric patients. Other chapters of interest center on the use of cognitive therapy in treating alcoholics, inpatient adolescents, and young adult chronic inpatients.

Like any edited anthology, the book has a few problems. The chapter by Carlo Perris and his colleagues on the integration of inpatient and outpatient services, for example, was disappointing. It appears that the authors (who are experienced cognitive therapists) simply wished to use this chapter as a forum for describing the development and organization of their clinic. The authors describe how continuity of care is promoted within their mental health system, but give short shrift to cognitive therapy, the subject of the book.

In summary, this book will be a useful addition to the libraries of experienced cognitive therapists, as well as psychologists, psychiatrists, and social workers seeking an introduction to the ways in which cognitive therapy may be applied with diverse and difficult medical and psychiatric populations. It might also be used as a reference text for psychiatry residents and psychology interns working in inpatient settings. The book has many merits, and will serve as a valuable reference for the busy clinician needing a succinct review of cognitive interventions.

No book is for everyone, however, and researchers will find the volume wanting. Empirical support for the utility of the interventions is lacking; moreover, the authors rarely discuss cognitive processes mediating therapeutic change. While the book does not provide a comprehensive coverage of the theoretical and empirical work on cognitive processes among individuals suffering from severe psychiatric disorders or medical illnesses, it does meet its stated goal. It serves as a practical resource for therapists wishing to apply strategic cognitive techniques in inpatient settings.

No excuses need be accepted in the immediate future from busy clinicians who could find no entry into the cognitive therapy literature. The use of cognitive interventions in inpatient settings will no doubt receive an increasing amount of attention during the years ahead. While this is not the final book on the subject, in the absence of anything of comparable worth, it is a book into which one could dip with great profit.

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Distributive Effects of Social Security and Pension Benefits

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As the public debates the danger of the increasing federal deficit, social security is once again receiving public attention. Should the government de-emphasize social security and emphasize employer-provided pensions as a vehicle for providing retirement income? Before policymakers face this question, it is important to evaluate the role of these programs in shaping the level and the distribution of income among the retired. This article presents findings from a study based on the 1982 New Beneficiary Survey. The study found that, compared with employer-provided pension benefits, social security benefits not only assure a relatively higher level of income to economically disadvantaged demographic groups of recent retirees but also are significantly more effective in equalizing income distribution among a recent cohort of retirees. Policy implications are drawn from the study's findings.

It is increasingly recognized that the United States has remarkably improved living standards for the nation's elderly during the past 2 decades. A recent study by the Social Security Administration (SSA) reports that, during the period of 1967–81, the rate of increase in the mean real income for the elderly was over three times the rate for the nonelderly: 2.1 percent compared with 0.6 percent.[1] As a result, the United States has made great progress in decreasing the

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poverty rate among the elderly. *Current Population Reports* indicates that in 1984 only 12.4 percent of the elderly were poor, compared with 24 6 percent in 1970.[2] Moreover, the elderly now enjoy a per capita household income that compares favorably to that of the non-aged.[3]

The improvement in the economic condition of the elderly owes a great deal to past legislation. For instance, social security benefits increased in 1968, 1969, 1970, and 1972. Automatic cost-of-living adjustments, enacted in 1972, ensure constant purchasing power to retired beneficiaries. Indexing of taxable wages, which began in 1977, ensures credit for earnings adjusted to account for increases in average wages over time.

Moreover, present retirees also benefit from the Employee Retirement Income Security Act of 1974 (ERISA), which provides greater security for private pensions. In particular, this act aims to ensure the viability of pension plans by setting minimum standards of administration and fiscal responsibility; it also aims to increase the number of workers with pension coverage by setting vesting limits and prohibiting the exclusion or differential treatment of most classes of employees.

For today's and future retirees, social security benefits and employer-provided pensions are important sources of income. It has been reported that, for recently retired workers, social security benefits constituted 34–42 percent of total money income, and employer-provided pensions constituted 16–20 percent of total money income, depending on the demographic backgrounds of the elderly.[1] Politically, the elderly have been a target group for public policy intervention. In this environment, expansionary public policy had been consistently pursued in the social security program.[5]

However, the enactment of the 1983 Amendments to the Social Security Act marked, for the first time, a shift in public policy from expansion to retrenchment. The 1983 Amendments increased the normal retirement age for future retirees and imposed income taxes on one-half of social security benefits for retirees with incomes in excess of a stipulated amount.[6] Now there are signs that the social security program will be put under close scrutiny once again. As congressional leaders seek cuts in the federal budget in order to decrease the budget deficit, legislators are focusing on social security expenditures Some are proposing a delay in cost-of-living increases. One former presidential candidate proposed a gradual replacement of social security by private pensions or individual retirement accounts.

Because of the 1983 Amendments to the Social Security Act, the financial foundation of the social security program itself seems sound, based on assumptions made by the Social Security Administration. The program anticipates a gradual buildup of surplus to $9.6 trillion in the Old-Age, Survivors, and Disability (OASDI) trust funds by 2020.[7]

Ironically, the anticipated surplus may encourage legislators to consider social security a target of public intervention, even though such a surplus is required to finance social security benefits for the baby-boom generation.[8] For example, some legislators may propose inter-funds transfers or borrowing (e.g., using Old-Age and Survivors Insurance Funds to finance Medicare Part A, either on a loan or transfer basis), while others may propose an increase in benefits or a cut in the social security tax.

As policymakers contemplate further changes in the social security program, it is important to evaluate the effect of social security and employer-provided pensions not only on the income level of different demographic groups of retired persons but also on the income distribution within such groups and within the retired population as a whole. How important are social security benefits for particular demographic groups in achieving an income level in relation to the income level of other demographic groups? How do these sources of income shape ultimate income distribution among the elderly? What is the distribution of social security benefits and of employer-provided pensions, considered separately? Most important, what effect might a lesser emphasis on social security and a greater emphasis on employer-provided pensions have on the distribution of income among the elderly? If this change in emphasis occurred, would poor elderly be worse off? Conversely, would the well-off elderly be better off? These are questions that this article addresses. It presents the findings from a study with the following objectives.

1. To investigate how the average income for each demographic and occupational group (categorized by marital status, sex, race, and occupation) and for the entire population of recent retirees changes as social security benefits, employer-provided pensions, and public assistance payments are added, in succession, to pretransfer income. (Hereafter the term "demographic groups" will be used to mean demographic and occupational groups.)

2. To investigate the degree of inequality in income distribution at each successive stage of income definition.

3. To investigate separately the level of social security benefits and employer-provided pensions received by different demographic groups of retirees.

4. To investigate separately the degree of inequality in the distribution of social security benefits and of employer-provided pensions.

5. To investigate how the lifetime average indexed monthly earnings (AIME) are translated into social security benefits on retirement. That is, we investigate (*a*) the average level of AIME and primary insurance amount (PIA) and (*b*) the degree of inequality in the distribution of AIMEs and PIAs. (The indexing involved in calculating AIME means that earnings made in earlier years are adjusted to account for the

rise in average wages between the year in which the earnings wer made and the second year before age 62, the earliest retirement age Earnings made after the second year before age 62 are not indexed The PIA is the social security benefit that the worker retiring at th normal retirement age, which currently is 65, receives. More explanation later)

We analyze data for each demographic group and for the entir population of recent retirees for each objective.

Review of the Literature

Studies pertinent to the present study involve the effect of publi transfers on the distribution of income between and within specified groups A study by Danziger and Plotnick showed the effects of al types of public income transfers put together in reducing the inequalit in income distribution among the elderly That study showed a decrease ranging from 36 to 51 percent in the Gini coefficient as public income transfers were added to the pretransfer income of various demographi groups of elderly. (The Gini coefficient indicates the degree of inequalit in income—the larger the Gini coefficient, the greater the degree o inequality.) The greatest effect was for aged women living alone: th Gini coefficient for this group was reduced by 51 percent as publi income transfers were added to pretransfer income. The same stud also showed that the distribution of posttransfer income became mor equal over the years for most demographic groups of elderly, du primarily to the increase in social security benefits.[10]

A study by Hoagland demonstrated the powerful influence of socia insurance programs in equalizing income distribution among the nation' households compared to the effect of public assistance payments and in-kind benefits. The Gini coefficient declined by 11 percent whe social insurance benefits were added to pretransfer income, by 1 mor percent when public assistance payments were added, and by an ad ditional 1 percent when in-kind benefits other than Medicare and Medicaid were added.[11]

Radner showed how the Gini coefficient of income distribution changed over the years for elderly households and nonelderly house holds. The Gini coefficient significantly declined for the elderly betwee 1967 and 1979 and increased slightly between 1979 and 1984 In contrast, the Gini coefficient for the nonelderly increased consistentl throughout these years. One can surmise that the generally declining Gini coefficient for the elderly is primarily due to the increasing transfe payments provided to the aged.[12]

In their study on the role of public income transfers in reducing inequality between and within regions, Betson and Haveman dem onstrated that public income transfers significantly reduced the in

equality within regions and in the country as a whole. However, these transfers decreased the inequality between regions only slightly.[13]

In their study investigating how Social Security Survivors Insurance benefits and public assistance payments change the average income level of different demographic groups of young survivor families with children, Ozawa and Alpert showed that Survivors Insurance benefits significantly increased the relative income level of disadvantaged groups—that is, households headed by nonremarried widows, black households, and households in the South.[14]

In a study based on secondary data, Ozawa investigated the effect of public and private transfer payments on the share of posttransfer income received by different demographic groups of families. The study showed that, although disadvantaged groups of families received small social security benefits, these benefits drastically increased their share of posttransfer income. For example, the share of posttransfer income received by families headed by an aged nonwhite female jumped by 100 percent because of social security benefits.[15]

The foregoing review of the literature shows that the social security program is a strong vehicle not only for providing a certain level of income for the retired population but also for equalizing income among the elderly. Empirical results discussed above reflect in part the effect of the social security benefit formula, which is slanted in favor of low-wage earners. The social security program pays out a larger amount of benefits in relation to preretirement earnings to low-wage earners than to high-wage earners. For instance, workers retiring in 1986 at age 65 are entitled to benefits that are equal to 90 percent of the first $254 of their AIME, plus 32 percent of the next $1,274 of their AIME, plus 15 percent of their earnings in excess of $1,528.[16]

What distributive effect can one expect from employer-provided pensions? Very little research has been done on how these pensions influence income distribution among the elderly. However, from a series of SSA studies and from our understanding on how employer-provided pension programs operate, one can discern the general shape of the distribution of such pensions. A recent SSA study, based on the 1982 New Beneficiary Survey (NBS), indicates that workers entitled to relatively large amounts of social security benefits are more likely to receive employer-provided pensions.[17] Likewise, the size of employer-provided pensions becomes larger as earnings levels increase. It has been found, for example, that the average pension for retired workers at the ninetieth percentile of income is 12 times larger than the average pension for retired workers at the tenth percentile. Married men receive larger pensions than unmarried men, unmarried men receive larger pensions than unmarried women.[18] Although more and more retired workers are entitled to pensions, and pension amounts are increasing, the pattern of distribution of employer-provided pensions has not

changed much since the late 1960s, when the SSA conducted a comprehensive study on newly entitled workers.[19] These findings indicate that employer-provided pension programs operate essentially on the basis of the individual equity principle; that is, the pension amount is in direct proportion to past contributions or earnings.

That employer-provided pension programs emphasize the individual equity principle can be discerned from the way pension plans operate. Broadly categorized, benefit formulas in employer-provided pension programs fall into two groups: one group uses a defined-contribution formula; the other uses a defined-benefit formula. Under either type of plan, the relationship between earnings and eventual benefits is closer than under the social security program, which incorporates not only the individual equity principle but also the social adequacy principle (or the welfare objective) in its benefit formula. When pension plans integrate pension benefits with social security benefits, the individual equity principle is overemphasized as far as the net pension benefits are concerned so that the combined benefits often replace almost the same proportion of preretirement earnings for high-wage earners and for low-wage earners.[20] At any rate, whether integration plans use an "offset scheme" or an "excess scheme," integration results in a dilution of progressivity in benefits intended under the Social Security Act.[21] Currently 55 percent of private pension plans integrate pensions with social security benefits.Integration seldom occurs under public pension programs.[22]

Thus, it appears that social security benefits and employer-provided pensions exert different influences on the level of income and the distribution of income within different demographic groups and within the entire population of recently retired workers. But a review of the literature cannot provide answers to such questions as, To what extent do black retirees become better off relative to other demographic groups because of social security benefits? Do employer-provided pensions make black retirees better off or worse off in relation to other demographic groups? These questions can be raised also for unmarried women and other demographic groups generally considered as economically deprived. Furthermore, no research has been done to investigate the effect of a particular program—the Old-Age Insurance program under social security—on particular cohorts of retirees. Studying the condition of a particular cohort of retirees is important in order to estimate more precisely the effects of social security benefits and pensions on the level and the distribution of income among retired American workers. The present study is intended to fill this void.

Methodology

Data source and sample.—The source of data for this study is the 1982 New Beneficiary Survey (NBS), the latest survey of new bene-

ficiaries sponsored by the SSA, conducted between October and December 1982 by the Institute for Survey Research at Temple University. The NBS was designed to interview a representative sample of noninstitutionalized persons in the United States who had begun receiving different kinds of social security and medical insurance benefits between mid-1980 and mid-1981. Cases were sampled from the SSA's files of everyone entitled to cash or Medicare benefits. The overall response rate was at least 85.19 percent, on the very conservative assumption that everyone who could not be contacted was in fact eligible for interview. The sample of 18,599 represented slightly over 2 million individuals.[23] That is, the information obtained in the resulting 18,599 interviews was weighted to represent the entire new beneficiary population.[24]

For the purpose of this study, we selected workers who started receiving Old-Age Insurance benefits between mid-1980 and mid-1981. A further selection was made so that the sample included unmarried retired workers and only married retired workers whose spouses also started receiving benefits at the same time (either as workers or as spouses) or before (as workers). Through these selection procedures, 7,248 cases were identified for this study.

We excluded cases in which one spouse was still working for two reasons: first, we are interested in the effects of social security benefits and employer-provided pensions on elderly individuals and couples who have clearly entered retirement life; second, by excluding cases involving working spouses, we can compare more precisely the effects of these types of retirement benefits on unmarried retirees and married retired couples. We used the weighting procedure specified by the Social Security Administration so that the sample would represent the population considered for this study.[25]

Definition of terms.—In the following, "social security benefits" refer to Old-Age Insurance benefits (OAI). These include benefits for minor children if such benefits are included in the check sent to the respondent. Public assistance payments include Supplemental Security Income (SSI) and other state and local welfare cash payments. Employer-provided pensions include state or local government employee pension benefits, military pension benefits, federal employee pension benefits, private employer or union pension benefits, and railroad retirement benefits.[26] Pretransfer income includes earnings, asset income, and other income (such as donations from relatives and friends, and other public cash transfers). Most income data are for the quarter immediately preceding the time of interview. Interviews were completed between October and December 1982. Data for PIAs and AIMEs are for March 1982. Annual income is obtained by multiplying the quarterly income by four.

Unit of analysis.—The unit of analysis for this study is "aged beneficiary units" (an SSA term), meaning married couples and unmarried

individuals who receive OAI benefits. For married couples, the respondent's income is combined with the spouse's income. However, individual retired workers become the unit of analysis when we investigate how past earnings translate into social security benefits. The terms "beneficiary units," "retirees," and "beneficiaries" are used interchangeably in this study.

Organization and presentation of data.—Our sample respondents are categorized by marital status, sex, race, and occupation. There are two occupational categories: one composed of those who had either managerial or professional jobs in their longest jobs, and the other composed of those who had nonprofessional jobs in their longest jobs.

The data presentation takes various forms. First, to investigate the effects of social security and pension benefits on the level and the distribution of the income among retirees, we present both the average income and the Gini coefficient of income distribution for each demographic group under successive stages of income definition We do the same for the population of retirees.

For the purpose of this study, we present income data in the following sequential order:

first stage:	Pretransfer income (i.e., total money income minus social security benefits, employer-provided pensions, and public assistance payments);
second stage:	Pretransfer income plus social security benefits;
third stage:	Pretransfer income plus social security benefits and employer-provided pension benefits; and
fourth stage:	Total money income (that is, third-stage income plus public assistance payments)

The degree of the distributive effect of a particular type of benefits differs depending on the order of sequencing. Some may argue that employer-provided pensions should be added to pretransfer income first on the ground that pension benefits are deferred wages and thus are conceptually close to pretransfer income. In spite of such an argument, we decided to add social security benefits first for several reasons. For the great majority of retired workers, social security benefits constitute the first line of defense against old-age income insecurity because they do not receive pension benefits.[27] Thus, pension benefits should be considered a supplement to social security benefits. Further, the OAI program was enacted before pension plans generally became available.

To respond to those who may argue otherwise, we present additional data in Appendices A and B, showing the effects of pensions and social security benefits when second and third stages of income definition are reversed. Few dispute the appropriateness of adding public assistance payments last.

We obtain the average income at each stage of income definition for each demographic group and then express it as a percentage of the overall average for the entire population of retirees in this study. This exercise enables us to show how the income level of each demographic group changes in relation to the overall average as a particular type of benefit is added.

Obtaining the Gini coefficient enables us to measure the dispersion of income distribution. The value of the Gini coefficient ranges from zero to one. Zero means perfect equality and one means total inequality. Thus, for example, when a Gini coefficient declines as a particular benefit is added to pretransfer income, we can say that the income distribution becomes more equal because of adding such benefits.[28]

Second, to compare the relative level of social security benefits and pension benefits received by different demographic groups and also to show the degree of inequality in the distribution of these two types of benefits, we obtain (*a*) the average social security benefits and the average employer-provided pensions of each group and express them as a percentage of the overall averages for the total population and (*b*) the Gini coefficients of social security benefits and of employer-provided pensions. We do so for each demographic group and for the entire population of retirees.
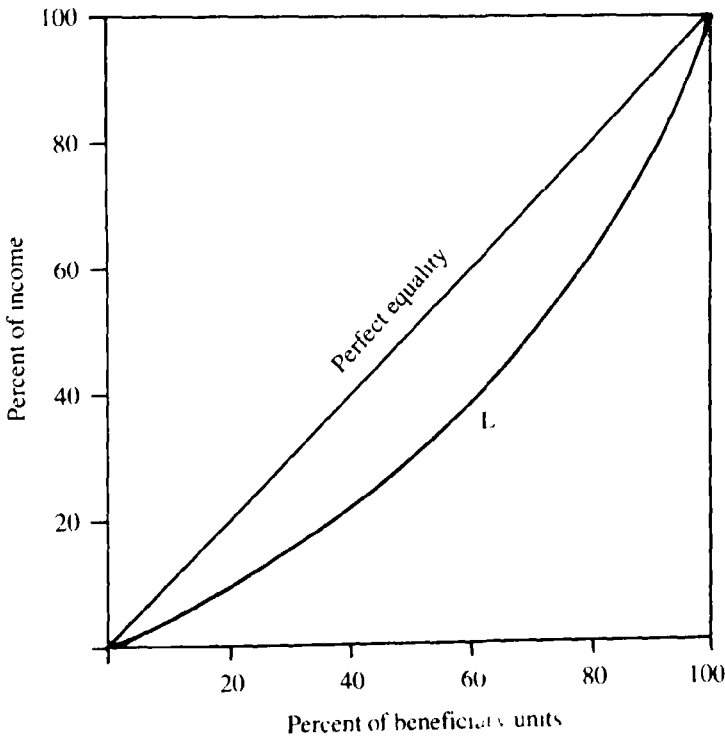
FIG. 1 — The Lorenz curve

Third, to investigate how past earnings translate into social security benefits, we will see the relationship between the AIMEs and the PIAs. To do so, we need data on both AIMEs and PIAs. Unfortunately, the NBS data file released for public use does not include data on AIMEs. Thus, we calculated the AIME backward from the PIA since we know how the PIA is calculated from the AIME.[29] The PIA is as of March 1982.[30]

The AIME is closely related to the worker's earnings capability in his or her lifetime. It is obtained by averaging the worker's taxable earnings since 1951 or age 21, whichever is later, through the year of attaining age 62. Earnings made in early years were indexed to account for the rise in average wages between the year the earnings were made and the year when the worker reaches age 60. As mentioned earlier, earnings made in years beginning with the year of attaining age 60 are not indexed. The PIA, which mathematically derives from the AIME, is calculated as of age 62. The worker retiring at age 65 receives social security benefits equal to the PIA after adjustment for price changes between age 62 and age 65. A worker retiring earlier than the normal retirement age (currently age 65) receives actuarially reduced benefits. A retired worker earning in excess of a stipulated amount in a particular year receives reduced (or even, no) benefits in that year Eligible spouses are entitled to a fraction of the PIA—50 percent if age 65 or over at initial entitlement.

We obtained the Gini coefficient of AIMEs and PIAs for each demographic group and the entire population of recently retired workers. Comparing the two types of Gini coefficients—one for AIMEs and the other for PIAs—enables us to investigate how past earnings are translated into social security benefits for the worker retiring at the normal retirement age (currently, age 65). We expect the distribution of PIAs to be more equal than that of AIMEs since the benefit formula is slanted in favor of low-wage earners. Analyzing PIAs, instead of social security benefits actually received on retirement, is more effective for understanding the intent of the Social Security Act in implementing the social adequacy principle because the amount of PIA is not affected either by the worker's decision to retire early or by the earnings test. As mentioned earlier, the individual worker is the unit of analysis for this phase of data analysis.

Findings

Effects of Social Security and Pensions on Income Level and Income Distribution

Table 1 shows how the average income of each demographic group changes as social security benefits, pensions, and public assistance payments are added sequentially to pretransfer income. As shown,

Table 1

AVERAGE ANNUAL MONEY INCOME OF RECENTLY RETIRED BENEFICIARY UNITS UNDER ALTERNATIVE INCOME DEFINITIONS ($)

Type of Beneficiary Units	Pretransfer Income*	After Social Security but before Pensions and Public Assistance	After Pensions but before Public Assistance	After All Income Transfers
Marital status				
Married couples	7,717 (115.0)	16,988 (116.6)	20,927 (116.7)	20,948 (116.6)
Unmarried individuals	4,615 (68.8)	9,550 (65.5)	11,701 (65.3)	11,758 (65.5)
Male	4,819 (71.8)	10,031 (68.8)	12,707 (70.9)	12,758 (71.0)
Female	4,490 (66.9)	9,256 (63.5)	11,084 (61.8)	11,145 (62.1)
Race				
White	7,162 (106.8)	15,286 (104.9)	18,822 (105.0)	18,845 (105.0)
Black	2,635 (39.3)	8,134 (55.8)	10,059 (56.1)	10,174 (56.6)
Other nonwhite	4,118 (61.4)	10,505 (72.1)	12,020 (67.0)	12,087 (67.3)
Occupational status				
Managerial/professional	12,314 (183.5)	21,113 (144.9)	26,863 (149.8)	26,884 (149.7)
Nonprofessional	5,495 (81.9)	13,162 (90.3)	16,001 (89.3)	16,036 (89.3)
All units	6,709 (100.0)	14,571 (100.0)	17,928 (100.0)	17,960 (100.0)

NOTE.—Figures in parentheses are percentages of the overall average income.
* Pretransfer income includes all money income except social security benefits, pension benefits, and public assistance payments.

social security benefits increase the relative income level of demographi groups generally considered as disadvantaged (in terms of posttransfe income). Because of these benefits, the average income for black retiree increases from 39.3 percent to 55.8 percent of the overall averag income. A similar effect is observed for nonwhites other than black and for nonprofessionals. However, social security benefits appear no to increase the relative income level of unmarried retirees compare to that of married retired couples. The relative income of both mal and female unmarried retirees decreases while that of married couple increases. One reason for this is that many married retirees' spouse receive dependents benefits, increasing such retired workers' househol income considerably.[31]

What about the effect of social security benefits on female retiree compared to the effect on male retirees? It is somewhat difficult t answer this question because incomes of spouses are taken togethe to form retired couples' incomes. We can answer this question fo unmarried retirees. Unmarried female retirees have an average pre transfer income of $4,490, which is 93.2 percent of that of unmarrie male retirees. With social security benefits added to pretransfer incom the average female income becomes $9,256, which is 92.3 percent o that of unmarried male retirees. Thus, it appears that social securit benefits do not improve the relative income level of female versu male unmarried retirees.

Also to be noted is that the relative level of income of nonprofes sionals increases greatly due to social security benefits. This is primaril because the social security program provides low-wage retirees wit benefits that are large in relation to their past earnings and non professionals are overrepresented among low-wage retirees.

Employer-provided pension benefits have a different effect on th relative income level of various demographic groups. Black retiree continue to improve their relative income level with pension bene fits—but only slightly. Receipt of pensions, however, depresses th relative income level of nonwhites other than blacks. The relativ income level of whites is almost unchanged. The relative income leve of those who had nonprofessional jobs declines because of pensio benefits.

The addition of pension benefits keeps intact the relationship be tween income level of retired couples and unmarried retirees. Howeve unmarried female retirees continue to lose ground both in relation t the overall average and in relation to the average income of unmarrie male retirees.

Public assistance payments exert little or no effect on the relativ income level of various demographic groups. Even for black retirees who are considered most disadvantaged, such payments have only a minor effect. Public assistance payments bring black retirees' averag income from 56.1 to 56.6 percent of the overall average.

The black group benefits most from the distributional effect of social security benefits, pension benefits, and public assistance payments combined. Black retirees have very low pretransfer income. Social security benefits improve their relative income level greatly; pension benefits and public assistance payments improve it slightly further. Other demographic groups whose relative income levels improve as a result of the distribution of all types of benefits are other nonwhites, nonprofessionals, and married couples. All of this indicates that all transfers taken together improve the relative income level of economically disadvantaged groups, with the exception of unmarried retirees.

The effect of social security benefits and pension benefits is different depending on the order in which these benefits are added to pretransfer income. Taking the situation of blacks, for example, adding pension benefits first results in the improvement of their relative income level from 39.3 to 45.3 percent of the overall average (see App. A). Then adding social security benefits increases their relative income level to 56.1 percent of the overall average. Thus, the effect of pension benefits is greater when pension benefits are added first. But still, the effect of social security benefits is highly visible.

Table 2 presents Gini coefficients of income distribution under alternative income definitions for various demographic groups. As shown, the distribution of retirees' pretransfer income is very unequal, with the rich having a larger pretransfer income (mostly asset income and earnings) and the poor having a smaller amount. The Gini coefficient for the entire population at this stage is 0.6971. It is interesting to note that the coefficient for blacks is particularly high, indicating that the income distribution within this group is highly unequal at this stage of income definition.

Adding social security benefits to pretransfer income dramatically decreases the degree of income inequality. The Gini coefficient for the entire population declines from 0.6971 to 0.4040—a 42 percent drop. The decrease in the coefficient for blacks is dramatic. it decreases from 0.7761 to 0.3496—a 55.0 percent drop. Also noticeable is the situation of married retired couples. Their Gini coefficient (0.6753) declines by 46.3 percent to 0.3629.

Adding pension benefits on top of social security has only a small effect on income distribution. For the entire population, the inclusion of pension benefits results in a decline of the Gini coefficient by only an additional 2.3 percent. For certain demographic groups—black and other nonwhite retirees—the addition of pension benefits makes the income distribution more dispersed. That is, the Gini coefficients increased by 2.2 percent and 0.7 percent, respectively.

Subsequent adding of public assistance payments brings little or no change in the shape of income distribution. For the entire population, the inclusion of such payments decreases the Gini coefficient by only an additional 0.2 percent to 0.3866. However, it should be noted that

Table 2

GINI COEFFICIENTS OF MONEY INCOME OF RECENTLY RETIRED BENEFICIARY UNITS UNDER ALTERNATIVE INCOME DEFINITIONS

Type of Beneficiary Units	Pretransfer Income*	After Social Security but before Pensions and Public Assistance	Percentage Reduction due to Social Security	After Pensions but before Public Assistance	Percentage Reduction due to Pensions	After All Income Transfers	Percentage Reduction due to Public Assistance	Percentage Reduction due to All Income Transfers
Marital status								
Married couples	6753	3629	46.3	3408	3.3	3404	06	49.6
Unmarried								
individuals	7234	4094	43.4	4018	1.1	3977	60	45.0
Male	7799	4537	41.8	4454	1.1	4414	50	43.4
Female	6949	3882	44.1	3724	2.3	3750	−40	46.0
Race								
White	6850	3973	42.0	3792	2.6	3783	10	44.8
Black	7761	3496	55.0	3663	−2.2	3581	1.10	53.9
Other nonwhite	6660	3714	44.2	3758	−.7	3693	1.00	44.5
Occupational status								
Managerial/								
professional	6822	4533	33.6	4106	6.3	4102	06	39.9
Nonprofessional	6814	3665	46.2	3547	1.7	3530	25	48.2
All units	6971	4040	42.0	3880	2.3	3866	20	44.5

* Pretransfer income includes all money income except social security benefits, pension benefits, and public assistance payments

for blacks and other nonwhites, the provision of public assistance payments has a relatively greater equalizing effect than for other demographic groups. These benefits resulted in an additional 1.1 percent drop in the Gini coefficient for black retirees and an additional 1 percent drop in the Gini coefficient for other nonwhite retirees. These figures compare with a drop of only 0.1 percent for white retirees.

Taking the combined effect of the three types of benefits into account, it is clear that the distribution of total money income of recently retired social security beneficiaries is significantly more equal than it would be if they did not receive these types of benefits. Overall, the Gini coefficient for the entire retired population decreases by 44.5 percent. Among the various demographic groups, the equalizing effect of these payments is most keenly seen among black retirees. Their coefficient declined by 53.9 percent as a result of these benefits.

More important, among the three types of benefits, social security benefits have the most potent equalizing effect on income distribution. Of the 44.5 percent reduction in the Gini coefficient achieved for the entire population, 42.0 percent is attributable to social security benefits. The potency of the equalizing effect of social security benefits is most dramatically observed for black retirees. Social security benefits resulted in as much as a 55.0 percent reduction in their Gini coefficient, which is somewhat counteracted by the inclusion of pension benefits and augmented by the inclusion of public assistance payments.

Again, one should be aware that the distributive effect of social security benefits and pension benefits is different depending on which is added first to pretransfer income. If we add pension benefits first, instead of second, their distributive effect would be different. As is shown in Appendix B, their equalizing effect would be larger than that shown in table 2. Likewise, the equalizing effect of social security benefits would be smaller than that shown in table 2. But even if we reverse the sequential order of these two types of benefits, the equalizing effect of social security benefits is still substantially greater than that of pension benefits.

The powerful equalizing effect of social security benefits can be explained in two ways. First, social security benefits are a relatively large component of the total money income of the retired population. Second, the distribution of social security benefits, by design, is significantly more equal than that of other types of income. The following tables and discussion illuminate these points.

Level and Distributive Pattern of Social Security Benefits and Pension Benefits

Table 3 presents average social security benefits for various groups of retirees. These averages are also expressed as a percentage of the overall average.

Table 3

AVERAGE ANNUAL SOCIAL SECURITY BENEFITS AND PENSION BENEFITS OF RECENTLY RETIRED BENEFICIARY UNITS ($)

Type of Beneficiary Units	Social Security	Pensions
Marital status		
Married couples	9,271 (117 9)	3,939 (117 4)
Unmarried individuals	4,935 (62 8)	2,150 (64 1)
Male	5,212 (66 3)	2,676 (79 7)
Female	4,766 (60 6)	1,828 (54 5)
Race		
White	8,124 (103 3)	3,535 (105 3)
Black	5,500 (70 0)	1,924 (57 3)
Other nonwhite	6,387 (81 2)	1,515 (45 1)
Occupational status		
Managerial/professional	8,799 (111 9)	5,751 (171 4)
Nonprofessional	7,667 (97 5)	2,839 (84 6)
All units	7,862 (100 0)	3,356 (100 0)

NOTE —Figures in parentheses indicate social security benefits and pensions expressed as a percentage of the overall average

Table 3 indicates that the average social security benefit is $7,862 a year This compares with the average pension benefit of $3,356. These numbers clearly show that social security benefits are a more important source of income than pension benefits for the average beneficiary. This observation applies particularly to disadvantaged groups—unmarried female retirees, black and other nonwhite retirees, and nonprofessional retirees. Take, for example, the situation of other nonwhites. Their average social security benefit ($6,387) is 4.2 times larger than their average pension benefit ($1,515).

Table 3 shows another important relationship between social security benefits and pension benefits. For unmarried females, blacks, other nonwhites, and nonprofessionals, whose average social security benefits are all low compared to the overall average social security benefit, pension benefits are even lower compared to overall average pension benefits. For example, the average social security benefit for black retirees is 70 percent of the overall average social security benefit, but their average pension benefit is only 57.3 percent of the overall average pension benefit.

Table 4 illustrates the pattern of distribution of social security benefits and pension benefits within each demographic group and within the entire population of retirees. As expected, the distribution of social security benefits is significantly more equal than that of pension benefits. For the entire population of retirees, the Gini coefficient of social security benefits is 0 2731 compared with 0.7348 for pension benefits.[32] The Gini coefficients of social security benefits and pension benefits

are relatively high for most disadvantaged beneficiary groups—unmarried females, blacks, and other nonwhites—in comparison to the coefficients for the total population of recently retired. This indicates that the distribution of both types of benefit is more dispersed within these groups than within the total population. Also to be noted is that the coefficient of pension benefits is relatively high for unmarried males in comparison to that for unmarried females and that for the total population. Finally, the Gini coefficient of pension benefits is noticeably higher for nonprofessionals than for managers and professionals. A more dispersed distribution of pension benefits among nonprofessionals in part reflects that nonprofessionals are not so extensively covered for pension benefits as managers and professionals.

Level and Distributive Pattern of Average Indexed Monthly Earnings (AIME) and Primary Insurance Amount (PIA)

Tables 3 and 4 demonstrate that social security benefits are distributed more equally than are pension benefits. This is intended by law under the Social Security Act, as we discussed earlier. Tables 5 and 6 further illustrate this point. In these tables, the data for retired couples are disaggregated into married male and female retirees since these data pertain to individual workers.

As shown, when AIMEs are translated into PIAs, the relative economic position of disadvantaged groups greatly improves. For example, for blacks the average AIME ($767) is only 72.8 percent of the overall average, while their average PIA ($361) is 82.4 percent of the overall average. Put in another way, for blacks the average PIA is 47.1 percent

Table 4

GINI COEFFICIENTS OF SOCIAL SECURITY BENEFITS AND PENSION BENEFITS OF RECENTLY RETIRED BENEFICIARY UNITS

Type of Beneficiary Units	Social Security	Pensions
Marital status		
Married couples	2014	7023
Unmarried individuals	2757	7775
Male	2634	7808
Female	2785	7721
Race		
White	2616	7276
Black	3153	7871
Other nonwhite	3391	7947
Occupational status		
Managerial/professional	2577	6907
Nonprofessional	2729	7339
All units	2731	7348

Table 5

AVERAGE INDEXED MONTHLY EARNINGS AND PRIMARY INSURANCE AMOUNT OF RECENTLY RETIRED WORKERS ($)

Background of Retired Workers	Average Indexed Monthly Earnings (AIME)	Primary Insurance Amount (PIA)
Married	1,083 (102 8)	443 (101 1)
Male	1,526 (144 9)	563 (128 5)
Female	573 (54 4)	304 (69 4)
Unmarried	968 (91 9)	422 (96 3)
Male	1,149 (109 1)	470 (107 3)
Female	893 (84 8)	402 (91 8)
Race		
White	1,086 (103 1)	447 (102 1)
Black	767 (72 8)	361 (82 4)
Other nonwhite	811 (77 0)	371 (84 7)
Occupational status		
Managerial/professional	1,364 (129 5)	513 (117 1)
Nonprofessional	1,011 (96 0)	429 (97 9)
All workers	1,053 (100 0)	438 (100 0)

NOTE —Figures in parentheses indicate AIME and PIA expressed as a percentage of the overall average

of the average AIME while for the entire population the average PIA is 41.6 percent of the average AIME

As explained earlier, AIMEs represent lifetime average indexed monthly earnings and PIAs represent the monthly amount of social security benefits that a worker can expect to receive when he or she retires at age 65. From the figures presented in table 5, it is clear that the Social Security Act aims to provide low-wage retirees with social security benefits that are large in relation to their past earnings. In contrast, pension plans purport to provide pension benefits that mirror more closely the level of past earnings. The level and receipt of pension benefits are also influenced by the type of job held, type of industry the beneficiary worked in, and the degree of stability in particular employment.

Table 6 illustrates the pattern of distribution of AIMEs and PIAs within various demographic groups and within the entire population of retired workers. It is clear from table 6 that the distribution of PIAs is significantly more equal than that of AIMEs. For the entire population of retired workers, the Gini coefficients of AIMEs and PIAs are 0.3519 and 0.2273, respectively, a 35.4 percent difference. Although Gini coefficients of AIMEs are quite different for various demographic groups, the rates of reduction in Gini coefficient from AIMEs to PIAs are quite similar, ranging from 34.7 to 38.7 percent. All of this illustrates that the social security program attempts to provide social security benefits that are distributed more equally than are past earnings.

Table 6

GINI COEFFICIENTS OF AVERAGE INDEXED MONTHLY EARNINGS AND PRIMARY INSURANCE AMOUNT OF RECENTLY RETIRED WORKERS

Background of Retired Workers	Average Indexed Monthly Earnings	Primary Insurance Amount	Percentage Change
Married	3494	2283	34.7
Male	2274	1393	38.7
Female	4140	2633	36.4
Unmarried	3434	2196	36.1
Male	3138	1984	36.8
Female	3493	2235	36.0
Race			
White	3410	2200	35.5
Black	4036	2570	36.3
Other nonwhite	4061	2576	36.6
Occupational status			
Managerial/professional	2877	1860	35.3
Nonprofessional	3510	2253	35.8
All workers	3519	2273	35.4

Implications and Conclusions

We have found that the social security program is vital for ensuring a certain level of retirement income for demographic groups normally considered disadvantaged and equalizing income distribution both within each demographic group and within the entire population of recently retired social security beneficiaries. No doubt, without social security benefits the income distribution among recently retired persons would be more dispersed.[33]

One surprising finding is that all types of benefits taken together do not improve the relative income level of unmarried females compared to that of unmarried males, nor do they improve the relative income level of unmarried individuals compared to that of married couples.

It is interesting to observe that social security benefits are instrumental in recreating an income distribution for the recently retired that resembles the income distribution among the general population. This point becomes evident in a comparison of the Gini coefficients of the total money income of demographic groups of the total U.S. population of families and individuals with the Gini coefficients of total money income of comparable demographic groups in this study. *Current Population Reports* provides Gini coefficients for 1982 (the year of NBS) as shown in table 7.

Comparing these numbers with the numbers for comparable demographic groups in table 2 (see col. 6), we can see that the social security program is helping this cohort of social security beneficiaries

Table 7

Gini Coefficients of Total Money Income U.S. Population, 1982

Type of Families	Gini Coefficient
All families	381
White families	369
Black and other nonwhite families	431
All unrelated individuals	443
White unrelated individuals	436
Black and other nonwhite unrelated individuals	474

Source.—U.S. Bureau of the Census, *Current Population Reports*, ser. P-60, no. 151, *Money Income of Households, Families, and Persons in the United States 1981* (Washington, D.C.: Government Printing Office, 1986), pp. 37–39, table 12.

to attain a shape of income distribution that compares favorably (i.e., with a similar degree of inequality) to that for the general population. Without social security benefits, income distribution within this cohort of recently retired people would be considerably more dispersed than the income distribution in the general population.

If, for political reasons, policymakers decide to emphasize the pension approach for providing retirement income, what would be the consequences? From this study, it is clear that income distribution among recently retired persons would be significantly more dispersed than it is today. This means that the income difference between the well-off retired and the worse-off retired would increase. Another consequence is that the relative income level of some disadvantaged groups would decrease. This is anticipated because, as we have seen, the dispersion of the distribution of social security benefits is significantly smaller than that of the distribution of pension benefits.

Extending pension plans to cover low-wage workers may help them somewhat as long as the scope of the social security program is kept intact. If extension of coverage is done as a way of cutting social security benefits, the conclusion would be the same: the relative income level of low-wage retirees would decline. That is because the social security program, by design, distributes benefits more progressively than do pension programs.

As political leaders explore the future roles of social security and pension plans, it is important to recognize the consequences of realigning the relationship between social security benefits and pension benefits. Substituting pension benefits for social security benefits might result in the same overall average income for the retired, but it would create a more dispersed distribution of income among retired people, causing the situation of the economically disadvantaged to worsen.

Appendix A

Table A1

AVERAGE ANNUAL MONEY INCOME OF RECENTLY RETIRED BENEFICIARY UNITS UNDER ALTERNATIVE INCOME DEFINITION ($)

Type of Beneficiary Units	Pretransfer Income*	After Pensions but before Social Security and Public Assistance	After Social Security but before Public Assistance	After All Income Transfers
Marital status:				
Married couples	7,717 (115.0)	11,656 (115.8)	20,927 (116.7)	20,948 (116.6)
Unmarried individuals	4,615 (68.8)	6,766 (67.2)	11,701 (65.3)	11,758 (65.5)
Male	4,819 (71.8)	7,496 (74.5)	12,707 (70.9)	12,758 (71.0)
Female	4,490 (66.9)	6,318 (62.8)	11,084 (61.8)	11,145 (62.1)
Race				
White	7,162 (106.8)	10,697 (106.3)	18,822 (105.0)	18,845 (105.0)
Black	2,635 (39.3)	4,560 (45.3)	10,059 (56.1)	10,174 (56.6)
Other nonwhite	4,118 (61.4)	5,633 (56.0)	12,020 (67.0)	12,087 (67.3)
Occupational status				
Managerial/professional	12,314 (183.5)	18,065 (179.5)	26,863 (149.5)	26,884 (149.7)
Nonprofessional	5,495 (81.9)	8,334 (82.8)	16,001 (89.3)	16,036 (89.3)
All units	6,709 (100.0)	10,066 (100.0)	17,928 (100.0)	17,960 (100.0)

NOTE.—Figures in parentheses are percentages of the overall average income.
* Pretransfer income includes all money income except social security benefits, pension benefits, and public assistance payments.

Appendix B

Table B1

GINI COEFFICIENTS OF MONEY INCOME OF RECENTLY RETIRED BENEFICIARY UNITS UNDER ALTERNATIVE INCOME DEFINITIONS

Type of Beneficiary Units	Pretransfer Income*	After Pensions but before Social Security and Public Assistance	Percentage Reduction due to Pensions	After Social Security but before Public Assistance	Percentage Reduction due to Social Security	After All Income Transfers	Percentage Reduction due to Public Assistance	Percentage Reduction due to All Income Transfers
Marital status								
Married Couples	6753	5559	17 7	3408	31 9	3404	06	49 6
Unmarried								
Individuals	7234	6233	13 8	4018	30 6	3977	60	45 0
Male	7799	6764	13 3	4454	29 6	4414	50	43 4
Female	6949	5947	14 4	3724	32 0	3750	− 40	46 0
Race								
White	6850	5772	15 7	3792	28 9	3783	10	44 8
Black	7761	6360	18 1	3663	34 8	3581	1 10	53 9
Other nonwhite	6660	5748	13 7	3758	29 9	3693	1 00	44 5
Occupational status								
Managerial/ professional	6822	5660	17 0	4106	22 8	4102	06	39 9
Nonprofessional	6814	5661	16 9	3547	31 0	3530	25	48 2
All units	6971	5885	15 6	3880	28 8	3866	20	44 5

* Pretransfer income includes all money income except social security benefits, pension benefits, and public assistance payments

Notes

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12 Radner (n 1 above)

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18 Linda Drazga Maxfield and Virginia P Reno, "Distribution of Income Sources of Recent Retirees Findings from the New Beneficiary Survey," *Social Security Bulletin* 48, no 1 (January 1985), 7–13

19 U S Department of Health, Education, and Welfare Social Security Administration *Reaching Retirement Age Findings from a Survey of Newly Entitled Workers, 1968–70* (Washington, D C ; Social Security Administration, 1975)

20 Edwin F Boynton, "Basic Concepts of Social Security Integration for Qualified Pensions Plans," in *Hearings on Social Security Integration*, President's Commission on Pension Policy (Washington, D.C., 1979, mimeographed).

21 In offset plans, a portion of an worker's social security benefit is subtracted from his calculated pension benefit to determine his final benefit In excess plans, benefits are based on a percent of average earnings above the integration level That is, excess plans do not provide pension benefits for workers with earnings below a certain level For detailed discussion on how these schemes work, see James H Schulz and Thomas D Leavitt, *Pension Integration Concepts, Issues and Proposals* (Washington, D C Employee Benefit Research Institute, 1983), pp 7–19

22 Martha N Ozawa and Joel Leon, "America ni okeru Koshi Nenkin Seido" (Public and private pensions in the United States), *Nenkin to Koyo* 5, no 2 (July 1986) 4–13

23 For detailed discussion of the data, see Linda Drazga Maxfield, "The 1982 New Beneficiary Survey An Introduction," *Social Security Bulletin* 46, no 11 (1983) 3–11

24 Martynas A Ycas and Susan Grad, "Income of Retirement-aged Persons in the United States," *Social Security Bulletin* 50, no 7 (1987) 5–14

25 Ibid

26 Although union pension benefits are usually provided by unions, employers are generally the source of pension funds Thus, these benefits can be safely included in "employer-provided pensions"

27 See Christine Irick, "Income of New Retired Workers by Social Security Benefit Levels Findings from the New Beneficiary Survey," *Social Security Bulletin* 48 (May 1985) 10, table 3

28 To understand the meaning of the Gini coefficient, we need first to understand the Lorenz curve In figure 1, cumulative percentages of beneficiary units are shown on the horizontal axis and cumulative percentages of income on the vertical axis The diagonal line indicates perfectly equal distribution of income because it shows 10 percent of beneficiary units receiving 10 percent of the income, 20 percent receiving 20 percent of the income, and so on. By calculating the cumulative percentages of income going to each percentile of beneficiary units and plotting them, we can obtain a curve similar to that shown as *L* in figure 1. The curve is called the Lorenz curve The Gini coefficient, which ranges from zero to one, is the ratio of the area between the diagonal line and the Lorenz curve to the total area below the diagonal line Thus, the greater the Gini coefficient, the greater the inequality of income

29 U S Department of Health and Human Services, "Average Wages for 1983 for Indexing under the Social Security Act and the Automatic Determinations for 1985," *Actuarial Note*, no 124 (Washington, D C Social Security Administration, May 1985)

30 It is equal to the original PIA of retired worker calculated at age 62 and adjusted for price changes that occurred between the year of calculation and March 1982

31 If the spouse also worked but receives retirement benefits smaller than one-half of the benefit amount of the retired worker (the other spouse), such a spouse's benefits are brought up to the one-half of the benefit amount of retired worker This provision, too, tends to boost household income of couples.

32 At this point, some readers may wonder why pension benefits, which have the Gini coefficient of 0 7348, have an equalizing effect on income distribution when pension benefits are added to pretransfer income, which has a lower Gini coefficient—0 6971 (see App. B) We can plausibly explain as follows: some recipients of pretransfer income (mostly earnings and asset income) may not be the recipients of pension benefits Also, some retirees with large amounts of pretransfer income do not necessarily receive large pension benefits In other words, the ranking of recipients of pretransfer income is not identical to the ranking of recipients of pension benefits.

33 A cautionary note is called for We make the assumption that other things are held constant In reality, however, people often change their behavior in response to change in public policy Thus, if they stop receiving social security benefits, some may start working again, others may decide to live with friends and relatives to prevent the standard of living from falling drastically If they did, the effect of not having social security benefits might not be as severe as what is projected here

Competing Effects of Culture and Situation on Welfare Receipt

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The debate about the relative influence of cultural and situational factors on welfare receipt is long standing. This study examines the competing effects of these factors. Results indicate that both culture and situation influence welfare receipt. Education and work experience were about three times as important as attitudes in explaining the variance in the number of years welfare was received.

Much of the current debate about welfare and welfare policy centers on whether or not welfare dependency is a class phenomenon.[1] The belief that it is has been labeled the *cultural* view of dependency. The opposing belief that dependency is determined by circumstances has been labeled the *situational* view. For the most part, adherents of both perspectives agree that the poor are different from the nonpoor, as evidenced by differences in earnings, labor force participation, family structure, and the like. What distinguishes these two perspectives is

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their perception of the underlying causes of such differences. Pr
of the cultural perspective, on the one hand, consider the be
the poor to be a result of attitudes, values, and norms that are tr
across generations and are specific to their "cultural" class. T
support the situational paradigm, on the other hand, believe
behavior of the poor is a result of limited opportunities. Nei
spective has been laid out in a rigorous theoretical framew
empirical tests of these competing views have been inconcl

The standard approach in assessing the relative merits of th
and situational perspectives in explaining welfare depend
been to focus on the extent to which intergenerational de
exists. The underlying assumption has been that the existence
levels of intergenerational dependency than expected is evid
the cultural perspective is valid, and, conversely, that the al
such trends supports the situational hypothesis. However,
inheritance of a particular behavior such as welfare depend
seem to suggest the existence of an underlying cultural or a
phenomenon, the possibility exists that other underlying envi
factors, such as access to higher education and employment,
contribute to the observed behavior. Although it is necessar
onstrate that intergenerational dependency behavior exists
tempting to support a culture-of-poverty perspective, by its
demonstration is not a proof that the dependency is the
cultural factors.

Accordingly, the present study first examines the extent
intergenerational dependency exists and then proceeds to
the effects of cultural and situational influences in determ
pendency We do this by examining the extent to which t
relationship between attitudes and dependency on the one h
between opportunity and dependency on the other If particular
distinguish dependency behavior, then some credence must
to the theory that dependency is a consequence of cultural bac
If, however, dependency is a consequence only of lack of opp
the situational perspective gains credibility

Data and Methods

This study uses microdata from the National Longitudinal S
Labor Market Experience (NLS). This survey, which began in
sixties, explored the labor dynamics of a large cross-secti
United States population. Though the NLS was not underta
the specific intention of studying Aid to Families with De
Children (AFDC) or welfare dynamics, the survey's detailed lo
information on labor-force-participation income, and family ba
and structure lends itself to this type of investigation.

Included in the NLS data set were four age-sex groups: young women, aged 14–24; mature women, aged 30–44, young men, aged 14–24; and mature men, aged 45–59. Each of these samples consisted of roughly 5,000 persons, for a total of 20,000 persons. The samples were designed to represent the civilian noninstitutional population at approximately the time of the initial survey.[3]

The NLS age-sex samples contained individuals from 13,582 different households. It was not unusual to find more than one member of a household in the NLS data set. This feature allows for the construction of matched pairs of mothers and daughters: 1,952 such pairs exist. For our purposes, lower-income pairs were of most interest. Accordingly, the sample used in the present study consisted of 519 matched mother-daughter pairs, roughly constituting the quartile with the lowest parental assets.[4]

Welfare receipt for both mothers and daughters was measured by the total number of years for which assistance was received. For the mothers, it was measured over the 1966–71 period, on the basis of information obtained from the 1967, 1969, 1971, and 1972 surveys. This information pertains exclusively to AFDC receipt. Welfare receipt for the daughters was measured for a period roughly 10 years later (1976–79), on the basis of information obtained from the 1977, 1978, and 1980 surveys. Of these three surveys, only the 1978 survey asked specifically about AFDC receipt when collecting information on welfare receipt (i.e., "Did you or your husband receive AFDC in the past year?"). The 1977 and 1980 surveys employed a more general welfare question, which, while clearly capturing AFDC receipt, leaves open the possibility that other types of welfare, such as general assistance, may have also been reported. However, given the age distribution of the daughters (mid twenties to mid thirties), it is unlikely that the 1977 and 1980 welfare queries tapped anything other than AFDC receipt.

Attitudinal and Situational Variables

The situational variables assessed in this study were education and work experience, used as a proxy for opportunity. The attitudinal variables used were individual initiative, as reflected by the Rotter locus-of-control scale;[5] orientation to family life ("Family Orientation"), and attitudes toward women working outside the home ("Traditionality"). Although these are not the only attitudinal variables that could be hypothesized as determinants of poverty and welfare receipt, they do reflect important life-style orientations (i.e., those relevant to individual effort, marriage, and market work). Thus, they should give at least some idea of the relevance of the cultural perspective. All attitudinal and situational variables, with the exception of work experience, were measured in the 1972 or 1973 NLS (traditionality and

family orientation in 1972; individual initiative and education in 1973) Work experience was a composite variable measured over the 1970–72 period.

The Rotter locus-of-control scale, developed in learning theory measures the extent to which one perceives a causal relationship between behaviors and subsequent events. At one extreme are those who almost exclusively attribute such events to "external" luck and chance, and at the other extreme are those who attribute them to "internal" individual control. In the words of Rotter, "If the person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control."[6]

The Rotter internal-external dimension has been shown to identify a number of specific motivational and personality characteristics. Empirical evidence for the relationship of alienation, achievement, and autonomy to the Rotter concept comes from research conducted by Rotter and others.[7] These studies have found that the Rotter locus-of-control dimension in large part captures and reflects characteristic attitudes that culture-of-poverty proponents have deemed relevant to their thesis.

Individual initiative was measured by the score on the Rotter internal-external locus-of-control scale.[8] The individual items on the scale are listed in Appendix A. Higher scores indicate a belief in more external control, and thus a lack of individual initiative.

Family orientation was measured by what the respondent expected to be doing at age 35. Those who responded that they expected to be "married, keeping house, raising a family" were coded as 1. Others, who either responded with a "don't know" or mentioned some occupation, were coded as 0.

Traditionality was a measure derived through rotated factor analysis responses to nine attitudinal statements that were included in the NLS to obtain respondents' opinions about the employment of wives (the statements are listed in Appendix B) Responses could range from 1 "Strongly agree," to 5, "Strongly disagree."

One dimension—accounting for 31 percent of the variance in the inter-item correlation matrix—appeared to reflect sex-role conflict between women working and not working outside the home. The factor has particularly high loadings for the following four statements: "A woman's place is in the home, not in the office or shop," "A wife who carries out her full-time responsibilities doesn't have time for outside employment," "The employment of wives leads to more juvenile delinquency," and "Working wives lose interest in their homes and families." Following Shapiro and Crowley's usage, we termed this dimension "traditionality."[9]

The other extracted factors captured considerably smaller portions of the variance in the data set and were more difficult to interpret. Thus, they are not included in the present analysis.

Education, in combination with work experience, was used as a proxy variable for opportunity. Education was measured by the number of years of schooling completed by 1973.

Work experience was a composite variable that was determined by whether the respondent was employed at the time of each of the surveys. Respondents who were employed were coded as 1 and those who were not employed were coded 0. These values were summed over the 1970–72 period and thus ranged from 0 to 3.

Analysis

Our analyses focus on the comparative strengths of cultural/attitudinal and opportunity effects in determining welfare receipt. First, we investigate whether there appears to be any behavioral evidence for the existence of underlying cultural determinants of welfare receipt. This issue addresses the intergenerational welfare question, the likelihood of welfare receipt for daughters whose mothers received welfare compared with that of daughters whose mothers did not. Second, we consider whether attitudinal variables distinguish the presence of intergenerational welfare from its absence. We investigate the relevance of a cultural perspective by comparing the attitudes of daughters who later received welfare assistance with the attitudes of those who did not.

After considering the preliminary evidence for the effects of culture on welfare dynamics, the study then assesses the cultural role directly by comparing the effects of culture or attitudes and opportunity on welfare receipt. The study uses ordinary least squares regression, in which daughter's welfare receipt as measured by the number of years she reported receiving welfare (1976–79) is regressed on attitude and opportunity variables.

Results

Intergenerational Dependency

The results (table 1) indicate that the likelihood of a daughter receiving AFDC in 1978 was roughly twice as great for those daughters whose mothers were recipients (20%) as for those whose mothers were not (9.9%). When the receipt of unspecified public assistance (1977 and 1980) was also included (table 2), a similar relationship was found (16% and 22%).[10]

Having demonstrated that intergenerational dependency exists, we now turn to the roles that opportunity and attitudinal variables play in contributing to this phenomenon. If attitudes and opportunity influence dependency, then there should be an ordering of daughters' attitudes and opportunity, from households in which mother and

Table 1

PERCENT OF DAUGHTERS WHO RECEIVED AFDC BY MOTHERS' AFDC STATUS

Daughters' AFDC Receipt (1978)	Number of Survey Years Mothers Reported Receiving AFDC: 0	1	2	3–4
Did not receive	90 1	84 2	73 2	78 5
Received	9 9	15 8	26 8	21 5
N	395	57	41	56

daughter are dependent, through households in which only moth or daughter is dependent, to households in which neither is depende The results in table 3 support the existence of a hierarchical orden for each of the variables.

As table 3 indicates, when the mean values for each of the gene tional groupings on all opportunity and attitudinal variables are co pared, a clear hierarchical pattern is found. For example, when co sidering level of education, the mean value for daughters and moth who never received assistance was 12.25. For pairs in which eit daughters or mothers received assistance, the mean value was 11 while for those daughters and mothers who received assistance, t mean value was 9.9.

Table 4 reports the *t*-scores for the differences in means betwe the group of daughters for which neither daughter nor mother recei welfare and the group of daughters for which both daughters a mothers received welfare. As table 4 indicates, each of these differen is statistically significant. Similar comparisons between the one-ge erational welfare receipt group and each of the above groups reveal that nearly half of these differences in means were statistically sign cant (table not shown).

Table 2

PERCENT OF DAUGHTERS WHO RECEIVED PUBLIC ASSISTANCE (AFDC for 1978 plus Unspecified Assistance for 1977 and 1980) BY MOTHERS' AFDC STATUS

Number of Survey Years Daughters Reported Receiving Public Assistance	Number of Survey Years Mothers Reported Receiving AFDC: 0	1	2	3-
0	77 4	59 6	47 2	51
1	10 7	17 3	19 4	12
2	4 9	13 4	22 2	26
3	6 9	9 6	11.1	10
N	363	52	36	49

Table 3

DAUGHTERS' MEAN VALUES OF CULTURAL AND OPPORTUNITY VARIABLES BY MOTHERS' AND DAUGHTERS' WELFARE RECEIPT

VARIABLES	DAUGHTERS' RECEIPT	MOTHERS' RECEIPT: Never (N)	MOTHERS' RECEIPT: Ever (N)
Education	Never	12.25 (278)	11.66 (69)
	Ever	11.19 (82)	9.90 (62)
Work experience	Never	2.08 (266)	1.95 (65)
	Ever	1.41 (82)	.97 (59)
Individual initiative (Rotter score)	Never	8.70 (268)	9.01 (69)
	Ever	9.19 (78)	9.62 (58)
Family orientation	Never	.399 (278)	.323 (71)
	Ever	.353 (82)	.229 (61)
Traditionality	Never	.087 (274)	.144 (70)
	Ever	.202 (82)	.211 (62)

Influences of Attitudes and Opportunity on Dependency

It is generally accepted that women on welfare have lower average educational attainment than those not on welfare. However, the influence of attitudes on dependency is less well documented. We compared the attitudes of the daughters who later received welfare with the attitudes of those who did not and found substantial differences. As can be seen from table 5, significant differences existed for all three attitudinal measures, individual initiative, traditionality, and family orientation. Daughters who later received welfare demonstrated less individual initiative than those who did not receive welfare, more

Table 4

ATTITUDINAL AND OPPORTUNITY MEANS FOR DAUGHTERS WHO NEVER RECEIVED WELFARE AND WHOSE MOTHERS NEVER RECEIVED WELFARE, AND DAUGHTERS WHO RECEIVED WELFARE AND WHOSE MOTHERS RECEIVED WELFARE

Variables	% Daughters and Their Mothers Never Received Welfare	% Daughters and Their Mothers Ever Received Welfare	t
Education	12.25	9.90	7.80**
Work experience	2.08	.96	6.93**
Individual initiative (Rotter score)	8.70	9.62	2.41**
Family orientation	.399	.229	2.74**
Traditionality	.087	−.211	2.27*

$*p < .05$
$**p < .01$

Table 5

Comparisons of Daughters' Attitudes for Those Who Ever and Those Who Never Received Welfare Assistance, 1977–80

Attitudes	% Never Received	% Ever Received	t
Individual initiative (Rotter score)	8.77	9.37	−2.29*
N	337	136	
Family orientation	.383	.300	1.79*
N	349	143	
Traditionality	.099	−.206	2.90*
N	344	144	

*$p < .10$
**$p < .05$
***$p < .01$

traditional views toward the employment of wives outside the hor and a greater preference to marry and raise children.

We then examined the competing effects of attitudinal and situatio variables on welfare receipt. The regression results of dependency attitudes and opportunity are given in table 6. The results sugg that all three attitudinal variables are significant when opportunit not included in the analysis. However, as can be seen in table 6, wh the opportunity variables are included, the effects of individual init tive (Rotter score) and traditionality become insignificant. In contr family orientation remains significant as do the opportunity variab of education and work experience. Thus, it might appear that individ initiative and traditionality only marginally influence welfare recei

Since attitudes are likely to influence opportunity, it could be argu that the apparent decrease in the significance of individual initiat and traditionality occurs because part of their impact is being spuriou attributed to opportunity. If attitudes do affect opportunity, then, trying to identify the relative effects of both on welfare receipt, n reasonable to base an assessment of their effects on this sequent ordering. That is, we base our assessment on the idea that attitu affect educational attainment and work experience rather than on t assumption that these variables exist independently or that educatio attainment and work experience affect attitudes. Accordingly, we co pare the explained variance in dependency, when only attitude variab are included, with the incremental change, when opportunity variab are also included. The results (table 6) suggest that attitudes alo (individual initiative, family orientation, and traditionality), acco for 5.6 percent of the variance in dependency, while an increment 15.4 percent is attributable to opportunity (.210 − .056). Thus, t

Table 6

Regressions of the Effects of Daughters' Opportunity and Attitudes on Their Welfare Receipt

Independent Variables	All Variables Included	Only Attitude and Opportunity Variables Included	Only Attitude Variables Included	Only Opportunity Variables Included
Individual initiative (Rotter score)	014	016	050***	.
	(036)	(043)	(134)	
Family orientation	− 225**	− 294***	− 317***	. . .
	(− 114)	(− 148)	(− 160)	
Traditionality	− 036	− 18	− 137***	. .
	(− 038)	(− 019)	(− 145)	
Education	− 156***	− 172***		−.174***
	(− 324)	(− 359)		(− 363)
Work experience	− 084***	− 099***	.	− 107***
	(− 123)	(− 146)		(− 156)
Mother's welfare experience	041			
Race	223***			
	(118)			
Two-parent household	020			. . .
	(− 038)			
Age	− 015			.
	(−.040)			
Constant	2 44	2 72	208	2 79
R^2	232	2108	0560	1882
N	146	446	446	446

Note —Standardized coefficients are in parentheses

$^{**}p < 05$

$^{***}p < 01$

effect of opportunity in determining welfare receipt is roughly thr times as large as that of the attitudes measured here.

Table 6 also shows estimates for the regression model that includ opportunity and attitudes, as well as a number of control variabl one of which is mothers' welfare receipt. As indicated, the opportuni variables of education and work experience and the attitudinal variab of family orientation are highly significant. The magnitudes of the coefficients are virtually identical to those found in the attitude ar opportunity-only model (i.e., where no control variables are include Furthermore, the variance explained in both models is quite simil (.232 and .211). These results, with the nonsignificant effects of mothe welfare, suggest that the effect of mothers' welfare receipt is, in lar part, captured by the attitudinal and opportunity variables that ha been included in the present study.

Discussion

It is difficult to compare directly these findings with those of oth welfare studies. This is the case even with respect to the more bas intergenerational dependency issue. The numerous attempts that ha been made to investigate intergenerational dependency have oft had serious limitations.[11] Limitations have included the retrospecti nature of the data, samples confined to particular regions, and tl use of current recipient samples. Current recipient studies contain i information about the background of nonrecipients. That is, there no information about what proportion come from recipient and wh from nonrecipient households. Consequently, the likelihood of inte generational transmission of recipience cannot be determined. In oth words, one cannot answer any of the following fundamental question (1) What is the likelihood that a daughter of a welfare mother will g on welfare? (2) What is the likelihood that a daughter of a nonwelfa mother will go on welfare? (3) What is the likelihood that a daught of a welfare mother will not go on welfare? (4) What is the likeliho that a daughter of a nonwelfare mother will not go on welfare?

More recently, the availability of national longitudinal microda has enabled researchers to overcome these limitations. In investigati intergenerational dependency, Rein and Rainwater, using data fro the longitudinal Panel Study of Income Dynamics (PSID), compare the likelihood of welfare receipt for persons who received such a when living in their parents' households (in 1967 and 1968) with tl likelihood for those who did not.[12] Their findings indicate that membe of the former group were 1.32 times as likely to receive welfare whe they set up their own households. When these researchers controll for parental economic status by restricting the sample to the lowe quintile of earnings during 1967, however, the differential disappeare

The difference between the present findings and those of Rein and Rainwater may be partially due to the fact that their parental observation period is limited to two years (1967 and 1968).

Mott investigated the intergenerational dependency question in the context of the determinants of welfare receipt by including a dummy variable in his analysis, "received welfare most years with parents" (1968–73).[13] His findings, like ours, indicated that a parental welfare background could, in some instances, have a modest direct effect. Neither Rein and Rainwater nor Mott, however, investigated the influences of attitudes and opportunity on welfare receipt.

Studies directly relevant to the focus on the present investigation—namely the relative effects of culture or attitudes and situation in determining welfare receipt—are lacking, and thus it is difficult to compare our study results with those of others. Consequently, the present study's finding concerning the relative size of the effects of culture and situation must be considered tentative. It is possible that the present study's operationalization of the cultural and situational concepts is less than ideal and can be further refined in the future. Nevertheless, the direct assessment undertaken here of the relative effects of culture and situation in determining welfare dependency moves us toward greater clarity in the welfare debate.

The welfare debate dichotomizes too sharply the potential determinants of welfare receipt. This study has demonstrated that neither culture nor situation alone determines welfare receipt. Both culture and situation were found to contribute to dependency. Hence, to ameliorate welfare dependency, social policies must take culture and situation into account. What is therefore needed is a comprehensive framework that specifically identifies the nature and extent of those culture and situational factors influencing welfare receipt.

Appendix A

Rotter Internal-External Items

1*a* What happens to me is my own doing.

b Sometimes I feel that I don't have enough control over the direction my life is taking.

2*a* When I make plans, I am almost certain I can make them work.

b It is not always wise to plan too far ahead, because many things turn out to be a matter of good or bad fortune anyhow.

3*a* In my case, getting what I want has little or nothing to do with luck.

b Many times we might just as well decide what to do by flipping a coin.

4*a*. Many times I feel that I have little influence over the things that happen to me.
b. It is impossible for me to believe that chance or luck plays an important role in my life.

Appendix B

Factor Loadings of Employment of Wives Questionnaire Items (Based on Entire Young Women's Sample)

Item	*Factor Loading*
Modern conveniences permit a wife to work without neglecting her family	−.59
A woman's place is in the home, not in the office or shop	.73
A job provides a wife with interesting outside contacts	−.50
A wife who carries out her full family responsibilities doesn't have time for outside employment	.75
A working wife feels more useful than on who doesn't hold a job	−.40
The employment of wives leads to more juvenile delinquency	.67
Working wives help to raise the general standard of living	−.47
Working wives lose interest in their homes and families	.66
Employment of both parents is necessary to keep up with the high cost of living	−.27

Notes

1. For a succinct and cogent summary of this debate, see Diana M. DiNitto and Thomas R. Dye, *Social Welfare: Politics and Public Policy*, 2d ed. (Englewood Cliffs, N.J.: Prentice-Hall, 1987), pp. 49–69. Highlighted are such workers as Edward C. Banfield *The Unheavenly City* (Boston: Little, Brown, 1968), George Gilder, *Wealth and Poverty* (New York: Basic, 1981), and Charles Murray, *Losing Ground: American Social Policy 1950–1980* (New York: Basic, 1984).

2. Important contributions include Leonard Goodwin, *Causes and Cures of Welfare: New Evidence on the Social Psychology of the Poor* (Lexington, Mass.: Lexington, 1983), and Greg J. Duncan, *Years of Poverty, Years of Plenty: The Changing Economic Fortunes of American Workers and Families* (Ann Arbor: University of Michigan, Institute for Social Research, 1984).

3. Herbert S. Parnes, "Preface," *National Longitudinal Surveys Handbook* (Columbus: Ohio State University, Center for Human Resource Research, 1976), p. 6.

4. Assets were chosen rather than wages in an attempt to avoid period-specific variation in income levels.

5. Julian B. Rotter, "Generalized Expectancies for Internal versus External Control of Reinforcement," *Psychological Monographs* 80 (1966): 1.

6. Ibid.

7. Ibid.; Victor C. Joe, "Review of the Internal-External Construct as a Personality Variable," *Psychological Reports* 28 (1971): 619–40, and Herbert M. Lefcourt, "Internal

versus External Control of Reinforcement A Review," *Psychological Bulletin* 65 (1966) 206–20

8 Only those items in the Rotter scale that are stated in the first person were used in the present study Evidence suggests that the third-person items are less likely to identify individual initiative because they are often interpreted as referring to the more general population and not necessarily to the individual respondent See Gerald Gurin and Patricia Gurin, "Personal Efficacy and the Ideology of Individual Responsibility," in *Economic Needs for Human Needs*, ed Burkhard Strumpel (Ann Arbor University of Michigan, Institute for Social Research, 1976)

9 David Shapiro and Joan E Crowley, "Aspirations and Expectations for the Future Education, Work Activity, and Fertility," in *Pathways to the Future A Report on the National Longitudinal Survey and Youth Labor Experience in 1979*, ed M F Borus (Columbus Ohio State University, Center for Human Resource Research, 1981)

10 These similarities suggest that the 1977 and 1980 unspecified public assistance item is primarily tapping AFDC receipt

11 Elaine M Burgess and Daniel O Price, *An American Dependency Challenge* (Chicago American Public Welfare Association, 1963), Greenleigh Associates, Inc , *Public Welfare Poverty—Prevention or Preparation* (New York, 1969), and Lawrence Podell, *Families on Welfare in New York City* (New York City University of New York, Center for Study of Urban Problems, 1968)

12 Martin Rein and Lee Rainwater, "Patterns of Welfare Use," *Social Service Review* 52 (December 1978) 511

13 Frank L Mott, "Welfare Incidence and Welfare Dependency among American Women A Longitudinal Examination" (Center for Human Resource Research, Ohio State University, Columbus, 1983)

Empowerment-based Practice with Children

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This article provides an overview of historical shifts in thought concerning the status and rights of children and discusses the implications of these competing views of childhood for social work practice. A beginning definition of empowerment-based practice is offered that draws from the concepts of locus of responsibility and locus of control. Based on this definition, several principles for empowerment-based practice with children are proposed. Examples drawn from child welfare practice illustrate the application of these principles.

Solomon, who has done much to integrate the concept of empowerment into social work practice, calls it an "elusive paradigm."[1] In the context of work with minority groups, she considers the empowerment process to involve "reducing the powerlessness stemming from the experience of discrimination because the client belongs to a stigmatized collective."[2] Rappaport, the psychologist whose seminal work is central to the empowerment literature, sees the concept as a potential tool for resolving the conflict between rights and needs as the basis of social policy.[3] Recently, the concept of client empowerment has been explored by many other scholars concerned with a variety of client groups.[4]

It is not surprising that the literature includes no discussion of empowerment-based practice with children, an application that poses special problems. Part of children's powerlessness is unavoidable; their lack of experience, maturity, and resources dictates that many of their

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needs must be met by adults. Society has dealt with the dependent status of children in different ways during different periods

This article provides an overview of historical shifts in thought concerning the status and rights of children, and it discusses implications of these competing views of childhood for social work practice A beginning definition of empowerment-based practice is offered and applied to social work with children. In addition, several principles for practice are proposed and illustrated, using examples drawn from child welfare settings.

Childhood and Society

Within the past century in the United States, three major philosophical and legal points of view concerning the status of children have been influential at various times: (1) the traditional view, which holds that, since parents are the natural protectors of children, independent rights for children are unnecessary; (2) the protective view, which defines a regulatory and interventive role for society to protect children, particularly in situations where parental protection is infeasible or inadequate; and (3) the liberationist view, which favors expanded autonomy for children in making decisions about their own lives ' Most recently, there has been increasing advocacy for a fourth position best described as neotraditional because it favors a return to a stronger role for parents.

Although these viewpoints developed at different times, they continue to influence social policy and social work practice with families and children. The following sections describe the emergence and lasting influence of each of these perspectives

Traditional View

The traditional view of children in society is so labeled because it existed long before any other perspective emerged In the United States, its influence lasted from colonial times until the first quarter of the twentieth century when Progressive Era reforms began to expand the regulatory and protective roles of the state

Although the traditional view of childhood varied in different cultures and periods, it is generally characterized by children occupying a "rightless" state within the family and no special position within society In this rightless state children have no recourse against parental decisions and actions affecting their welfare and no protected legal interest in their custody, treatment, or property.

At a time when the traditional position of ch 'dren was unchallenged in England and the United States, children I .d some responsibilities but few privileges. For example, they were held criminally responsible

for their actions at early ages, and they could be put to work by their parents or guardians without having any claim to their own earnings.[6]

Under the traditional view at its most extreme, children were at the disposal of their parents. Slowly, this position evolved into a presumption that parents are the natural protectors of their children and act in their interests. The influence of this underlying cultural assumption is still evident, for example, in the Supreme Court's willingness to decide *Wisconsin v. Yoder* (1972) without representation or testimony of all of the children affected by their Amish parents' decision to withdraw them from school following the eighth grade.[7]

Protective View

The state's protective role with children has its roots in both the English Poor Law and in the *parens patriae* doctrine, which first emerged as a mechanism to protect the interests of the English crown in the property of incompetent adults. Minors who were heirs to property also came under the court's jurisdiction, but it was 1847 before the English court extended its protection to the interests of children without property.[8] In the 1820s, the American legal commentator Kent defined a protective role for the United States courts: "The father (and on his death, the mother) is generally entitled to the custody of the infant children, inasmuch as they are their natural protectors, for maintenance and education. But the courts of justice may, in their sound discretion, and when the morals, or safety, or interests of the children strongly require it, withdraw the infants from the custody of the father or mother, and place the care and custody of them elsewhere."[9]

Beginning late in the nineteenth century, many developments illustrate the rapid development of the state's protective and regulatory roles: establishment of juvenile courts, beginning in Chicago in 1899, rapid growth of public schools; the movement to regulate child labor; and founding of the U.S. Children's Bureau in 1912. However, some of the achievements of the Progressive Era were resisted strongly by those with a traditional view of the balance of power between parents, children, and the state. Federal child labor laws were declared unconstitutional in 1918 and 1922,[10] and supporters of Children's Bureau involvement in maternal and child health were seen as threats to the social order, "loosing the fearsome hobgobblins of federal bureaucracy, fiscal irresponsibility, and leftist ideologies."[11]

Despite early opposition, the state's protective role toward children became firmly established during the first 70 years of this century. It is evident in mandatory school attendance laws, compulsory child abuse reporting, and, most recently, efforts to legislate ways for the testimony of young victims of abuse and neglect to be admissible in criminal cases without requiring the children's appearance in open court.[12]

The protective view of children's rights and status has been tied historically and philosophically with social work. The emergence of the state's protective role parallels the development of the profession, social workers have been leading advocates of child welfare, and social agencies perform many of the societal tasks of protecting children.

Liberationist View

The view that children are best served by recognizing their independent legal rights, rather than by relying on parents or the state to act in their interests, is a comparatively new perspective. If the watershed event in the rise of state protection of children was the establishment of the first juvenile court, the event that most nearly marked the beginning of children's liberation was perhaps the 1967 *In re Gault* decision recognizing certain due process rights for children whose liberty is at stake in delinquency hearings.[13]

Since the mid-1960s, children's rights have been expanded in many areas: to consent at certain ages to certain medical and mental health treatment; to limited protection of free speech; to independent counsel in many types of court hearings affecting their interests; and to various entitlements within the educational system. The liberationist view is associated most closely with the 1960s and 1970s, when, spurred by the adolescence of the baby boom generation, "children's liberation" became one of many slogans of the time.[14] However, there is no indication that the movement to confer more adult-like rights on children has spent itself. For example, Zimring chronicles what he calls a revolution overturning the "jurisprudence of juvenility," arguing that "a rigid boundary between childhood and adulthood is not consistent with the reality of achieving maturity: growing up is a process, not an event, a protracted process that should include the experience of some liberty and responsibility as an important part of becoming an adult."[15]

Neotraditional View

Independent rights for children had barely begun to emerge when traditional thinking about families challenged both the appropriateness of children's rights and the effectiveness and desirability of the state's protective role. Although this neotraditional countermovement has had limited success in reversing the rights of children and abridging the power of the state as their protector, signs of its influence are widespread.

Neotraditional views of the central role of parents in defining and acting in the interests of their children are found in the professional literature concerning child protection and placement. These views are inherent in the advocacy for family autonomy and minimal state in-

tervention in the parent-child relationship evident in the influential writings of Wald and Goldstein, Freud, and Solnit.[16] Goldstein et al.'s latest book concerns the fallibility of the state in meeting the needs of children in its care. The authors' central thesis is that "professional participants in the child placement process do not, either separately or together, make or make up for a parent."[17]

Along with respected professionals in the child welfare field, a grass-roots movement of conservative adults is also part of the resurgence of a traditional perspective. Under the label "profamily," they have sought stronger parental control over children's education, discipline, and access to birth control and abortion, among other things. One event that signaled the strength of a neotraditional force in the arena of children's rights was the shift at the beginning of the 1980s of the decennial White House conference from its historic focus on children to a broader emphasis on the family. The White House Conferences on Children, since their inception in 1909, had been tools of progressive forces seeking to expand the state's protective role.[18] It was a highly symbolic victory for neotraditionalists to capture this forum and recast it into conservative, profamily, regional conferences.

Competing Paradigms

Kuhn, who introduced the concept of the scientific paradigm as a systematic way of viewing natural phenomena within a scientific community, doubted whether the concept was transferable to the social sciences and professions.[19] However, his reservations have not kept other disciplines, including social work, from embracing the concept of paradigm to characterize their own systematic conceptualizations.[20] Although each of the approaches to the relationships among parents, children, and the state is associated with the historical period when it emerged or was most influential, contemporary society reflects the influences of all four. They share some elements of established and emerging paradigms that, when in transition, overlap and offer competing understandings of the world.

Although traditional perspectives predate anything that might be called family policy, the protective and liberationist views parallel what Rappaport calls "needs" and "rights" bases for social policy.[21] Needs-based policy dominated the Progressive Era that gave rise to the state's protective role toward children, while liberationist views toward children are examples of the rights-based policy that has begun to emerge in the latter part of the twentieth century. Rappaport, who uses the language of paradigms to describe this shifting current of values, sees empowerment as a bridging concept that can span the gap between policy based on rights and needs.[22]

Neotraditional views of children's status reject both needs-based tate efforts to address social problems and rights-based efforts to ncrease juvenile autonomy, favoring instead a severely restricted gov-rnment posture in matters relating to families and children. This pproach to family policy, which centers all power in the hands of parents and other adults, is incompatible with empowerment-based policy toward children.

While the concept of empowerment in social policy has been at least partially elucidated by Rappaport and others, empowerment-based ocial work practice has yet to be adequately defined or described in he literature.

Defining Empowerment-based Practice

ue is a psychologist whose writing about "culturally different" clients provides the basis for a practice-oriented definition of empowerment.[23] Building on the concepts of locus of control, as advanced by Rotter, nd locus of responsibility, Sue discusses how their internal/external imension relates to feelings of power and accountability.[24] He describes our worldviews based on all possible combinations of internal or xternal orientation to both control and responsibility (internal locus f control/external locus of responsibility [IC/ER], external locus of ontrol/internal locus of responsibility [EC/IR], etc.)

Sue concludes that internal orientation on both axes (IC/IR), most ypical of the majority culture in the United States, leads individuals o perceive themselves as "masters of their fate" and to take credit for uccess and blame for failure.[25] People with other cultural backgrounds ften have different worldviews, based on their historical experience nd assessment of their power within the environment. Sue characterizes hose with external locus of control/internal locus of responsibility (EC/ R) as "marginal" individuals, using Stonequist's term for those caught etween two cultures, who are victimized by their society and blame hemselves.[26] The external dimension of both control and responsibility EC/ER) produces feelings of learned helplessness and powerlessness n the face of obstacles. Sue believes that both the EC/IR and EC/ER vorldviews are prevalent among groups that are outside the power tructure of the United States.

Sue's work suggests that the worldview that best expresses the pursuit f empowerment by those who lack it is internal locus of control/ xternal locus of responsibility (IC/ER). He describes this group as ollows: "Individuals who score high in internal control and system-ocus believe in their ability to shape events in their own life if given chance. They do not accept the fact that their present state is due o their own inherent weakness. However, the also realistically perceive

that external barriers of discrimination, prejudice, and exploitation block their paths to the successful attainment of goals."[27] Application of Sue's concepts suggests that one measure of empowerment-based practice might be movement by clients from disempowered groups toward the IC/ER orientation.

However, there is potential danger in such an operationalization of empowerment. It could be construed narrowly to suggest that, since empowerment is partly a state of mind, empowerment-based practice is merely a matter of helping clients adopt new attitudes. Such an approach ignores inequities in the distribution of resources and experiences that confer power, such as education, income, and financial credit. If it is to be within social work's tradition of commitment to both social justice and individual well-being, empowerment-based practice must serve the twin goals of helping clients make real gains in social power, as well as helping those who want to change their perceptions and use of power.

Empowerment-based Practice with Children

Children, whom Gross and Gross labeled "the most oppressed of all minorities," share some but not all of the characteristics of other disempowered groups.[28] For many children, powerlessness is a temporary condition that will improve as they grow into their places in the dominant culture. For others, to be a child is to be twice disempowered: as a minor and as a member of other stigmatized groups. Advancement of social justice must be an objective of social work practice with children of color, with the poor, and with those whose families are also powerless. However, substantial gains in social justice probably will not come soon enough to help the children of this generation. In working with them, social workers can deal with the realities of powerlessness, helping children cope with what they have not been able to control. In this task, the definition of empowerment-based practice derived from Sue's work can be useful.

Like adults who lack power, children can successfully adopt a worldview that involves feelings of internal control and acknowledgment of external responsibility for many aspects of their lives (IC/ER). For all children, part of becoming empowered is to accept that their parents' choices or problems need not be their own. More specifically, children in state custody who have been abused, neglected, or abandoned are not responsible for their situation, yet they do need to develop a sense of control over the future if they are to overcome the events of childhood. However, given the complex historical fabric of children's rights and status, helping children adopt that worldview poses a special challenge. The balance of this article proposes principles for social work practice that is empowering, in the sense of helping build a sense of

efficacy and control, while still meeting children's needs for care and security.

Although the issues surrounding empowerment-based practice with children are complex, some guidance for practitioners emerges from an understanding of childhood experiences that enhance feelings of control, mastery, and belonging. Children can become empowered: through close and positive association with adults who exemplify empowerment; through ties with sources of identity, including their biological kin, ethnic heritage, and religious tradition; through age-appropriate participation in decisions affecting them; and through involvement in building a network of relationships and institutional supports that will sustain them into adulthood. These principles are discussed below as bases for helping children move toward empowerment.

The first point, that children gain through association with empowered adults, grows out of accepted psychological theory that children identify with and emulate the behavior and values of adults to whom they are close. Children in the child welfare system often lack powerful role models because their parents disproportionately represent disempowered groups, including the poor, people of color, and female single parents. In addition, those children who are in foster care are closely associated with foster parents and social workers who often feel powerless in the face of both the problems of the child's family and those of the child placement system

It is consistent with this first principle to infer that foster children are helped toward empowerment when they observe their parents, foster parents, or respected social workers being assertive and confident of their own efficacy.[29] This hypothesis suggests that careful attention be given to preserving the parents' authoritative status in the eyes of the child. It also suggests that professionals and foster parents accept and acknowledge their own authority and its limits. For example, a child welfare worker models an orientation of internal control and external responsibility in saying to a child, "I think this is best for you, so it is what I will tell the judge We can't be sure he will agree, but I can do my best to convince him "

The second principle indicates that children are influenced by their identification with powerful forces and traditions, such as the concepts of kinship and religious community. This principle is based on the relationship between identity and empowerment. Building and defining identity are steps in a series of developmental tasks from which children derive a sense of mastery. Mastery, as a feeling of accomplishment and control, is in turn related to empowermen

This principle is consistent with helping children maintain contact and identification with their biological kin, others to whom they feel close, their ethnic heritage, and familiar religious practices. In work

with foster children, it calls for more conscious use of these forces to help them with the tasks of identity formation. For example, a placement worker might tell a child, "I have picked this foster home for you partly because you and the foster family are the same race and religion Sometimes being with people who are like us helps us learn more about ourselves."

The third principle of involving children in decisions affecting them is one that social workers can advance in their work with parents and with other professionals. It is particularly important when children are in settings where they have even less control than usual over their lives, for example, in hospitals, residential treatment, detention, or foster care. It requires emphasis in child placement because foster children, whose lives are overseen by court, agency, foster parents, and biological parents, frequently have much less "say" in what happens to them than do children in intact families Therefore, it is necessary for social workers to insure that foster children have as much information and decision-making power as is consistent with their age and capabilities

To the greatest extent possible, children should be consulted about the major decisions they cannot make independently, such as whom to visit and how often, where to live, and where to attend school They should also have age-appropriate autonomy in matters they can control, for example, concerning spending money, appearance, and some leisure-time activities. Workers or foster parents can make clear to children what is outside their realm of responsibility and what is within their control. For example, "I know you weren't given any choice about living here, and I'm sure that's hard I wonder what you and I can do to make it easier and more comfortable for you here?"

Finally, empowerment-based practice with children demands that they be helped toward adulthoods characterized by supportive interdependence with others. Just as launching young adults into jobs, fulfilling relationships, and responsibility for self is one of the tasks of parents, it is also one of the duties that social service staff and foster parents must perform with older and former foster children The message about responsibility and control that staff can help youngsters internalize is "I couldn't help it that I lost my parents, but now that I am almost grown up, I can build relationships that I don't have to lose."

Services for maturing foster children can be addressed on two levels, in direct work with adolescent clients and in program development to create transitional supports for them as they reach 18 years of age The support network of each emancipating adolescent is a personalized combination of peers, biological relatives, former foster parents and other fictive kin, and professional relationships. Support groups for teenage foster children can be useful, but in many cases it may be more productive to work with youngsters' natural peer networks. Unless

foster children are helped to build and use such networks while still in state custody, they may be at risk for entering adulthoods of isolation and powerlessness.

Conclusions

The sociocultural context of children and families in the United States has been shaped by three established and one emerging perspective on the relationship between children, their parents, and the state. Social work historically has been associated most closely with the protective view that involves the state in meeting children's needs. However, the rights-oriented paradigm that has been gaining influence in many fields of practice since the 1960s has also affected social work with children.

Rather than emphasize conflict between these paradigms, social work may benefit from more systematic exploration of the concept of empowerment, which Rappaport suggests offers a synthesis of needs-based and rights-based approaches to social policy.[30] Further exploration of empowerment-based social policy affecting children may be particularly timely response to the upsurge in the 1980s of neotraditional thinking about the balance of rights between children, parents, and the state.

Although use of the term empowerment has become common in social work practice literature, application of the concept has been hampered by lack of definition. Sue's framework involving the concepts of locus of responsibility and locus of control offers a partial operationalization of empowerment.[31] However, empowerment-based practice must transcend a narrow focus on individual self-perceptions; it also must work to enhance real social power, defined as control over resources. In work with children, whose control over many resources must await their majority, empowerment-based practice can focus appropriately on their maturing self-perceptions.

In helping children internalize an empowering worldview, social workers can utilize four principles that emphasize enhancement of childhood feelings of belonging, mastery, and control. These principles suggest that empowerment comes to children through close and positive association with adults who exemplify empowerment; ties with sources of identity, including their biological kin, ethnic heritage, and religious tradition; age-appropriate participation in decisions affecting them; and involvement in building a network of relationships and institutional supports that will sustain them into adulthood. Conscious application of these principles is consistent with what traditionally has been regarded as sound child welfare practice and also represents a step toward implementing empowerment-based practice with children.

Notes

My interest in the concept of empowerment began at Southern University Orleans, where it is one of the themes of the social work curriculum I would thank Dean Millie Charles and Associate Dean Jeanne Hunzeker, in particular, f contributions to my thinking

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3 Julian Rappaport, "In Praise of Paradox A Social Policy of Empowerme Prevention," *American Journal of Community Psychology* 9 (January–February 19 25

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Intervening with Men Who Batter: A Critical Review of the Literature

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This article reviews the published research on intervention with men who batter
analyzes the literature at five levels of intervention individual, couple, men's gro
institution, and culture Intervention at each of these levels is then examined
terms of theoretical orientations, intervention techniques, and outcomes We concl
that the current state of knowledge about intervention is inadequate and in ne
of theories, interventions, and evaluations based on multilevel explanations of batteri

During the 1970s, theories about woman battering and intervent
to end it focused primarily on women victims. Conclusions inclu
labeling battered women masochistic, frigid, castrating, or sadistic,
interventions tended to treat a battered woman's psychopatholog
order to end abuse by her partner.[1]

Several factors contributed to this focus on battered women as l
victims of abuse and subjects of intervention. As shelter resident
social service clients, women were more accessible for interven
than their partners. Etiological assumptions that blamed women

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their victimization worked against the study of or intervention with abusive men.

The resurgence of the women's movement in the 1970s led many practitioners and researchers to question the assumption that if a woman was abused by a man she must be at fault. As previous assumptions about battering began to crumble, a new perspective gained prominence in which men were seen as choosing to respond violently in response to male sex-role socialization.

As a result of these trends, many practitioners and researchers have recently focused their attention on studying and attempting to change the violent behavior of men. In recent years, a great deal has been published about men who batter and about the development of interventions with them.[2] Our focus in this article will be to analyze critically current knowledge about interventions directed at changing the violent behavior of batterers.

The Literature on Intervention

The great majority of published works fall into two categories. The first and largest category includes descriptive articles and books based on anecdotal clinical experiences. The second is composed of more recent work and includes numerous reports of empirical evaluations of programs. These evaluations range from single-subject research designs to large-scale studies of hundreds of subjects. Beyond an anecdotal versus empirical dichotomy, interventions vary a great deal on two dimensions: (1) the social unit on which the intervention is focused, such as individual men, couples, groups of men, and social institutions; and (2) the components of intervention, such as the theoretical orientations, intervention techniques, and outcomes measured.

We seek to systematize this literature by using a conceptual schema based on an ecological model of understanding woman battering.[3] Such a model assumes that no single-level explanation of battering is viable and that we need to address the interaction of multiple variables from the individual to the societal. Also we assume that social inequality of women is a critical background variable that colors any form of intervention or lack thereof.

Table 1 presents the ecological schema that organizes our analysis of the literature and the two dimensions, those of social unit and intervention component mentioned earlier. This schema enhances our ability to identify neglected areas of intervention, to assess the strengths and weaknesses of the existing intervention theory and techniques, and to judge the extent to which clinical wisdom is informed by empirically based evaluation. This schema guides the following analysis of the literature, the findings of which are summarized in table 1.

Table 1

OVERVIEW OF LITERATURE BY INTERVENTION UNIT AND COMPONENT

INTERVENTION UNIT	INTERVENTION COMPONENT		
	Theory	Technique	Outcome
Individual men	Behavioral Cognitive-behavioral	Instruction Modeling Contingent shock	Eliminated hostile and irrelevant remarks Increased assertion Eliminated violent thoughts
Couples	Family systems theory Social learning and cognitive-behavioral Anger control Cycle of violence	Conjoint couple and group sessions Analyzing and changing couple communication Skill and anger control training	Varies from all report violence at 6 months to 87% nonviolent to 50% decrease Less inclined to anger depression, and aggression
Men's groups	Gender-role socialization Cultural values Social learning and cognitive-behavioral Anger control Ecological models Theories of moral development	Men's groups Consciousness raising Cognitive-restructuring, cues, control plans, time-out, empathy conflict resolution and assertion Confrontation in group	Varies from 59% to 84% nonviolent using reports by partners at 1-month to 3-years follow-up Majority of men continue threats Desired changes in anger, jealousy, attitudes toward women, depression, and communication
Social institutions	Family crisis and community mental health concepts Mediation concepts Deterrence theory Deterrence, displacement, dissuasion, and desistance	Dispute mediation Arrest and prosecute of offenders Advocacy for victims in criminal justice system Monitor and co-ordinate systems	Police mediation has little impact on recidivism Recidivism reduced by half with arrest vs mediation or separation Little known about postarrest
Cultural values and beliefs	Feminist, systems, and ecological analyses of culture	Effects of existing interventions Impact of media Women's movements	No specific studies on program effectiveness

Individual Men

At the level of intervention with individual men there has been little activity. Only two reports, published approximately 15 years ago, were identified.[1] These two interventions were not specifically directed at battering and have received little attention.

One intervention study focused on a man's obsessive thoughts of strangling his wife while the other focused on violent behavior directed at a number of people, only one being the man's wife. These interventions represent early behavioral and cognitive-behavioral efforts aimed at altering violent behavior by teaching alternative ways of communicating or ending violent thoughts through aversive therapy. Both studies used single-system research designs to evaluate changes in targeted behaviors. One reported the elimination of certain types of verbal behavior and the other reported the elimination of violent thoughts. Neither study reported changes in violent behavior.

The general theoretical grounding of these interventions appears to be weak and reflects early cognitive-behavioral intervention techniques. Whether focusing on locus of control or rational thinking, attempting to influence behavior through modeling or reinforcement, aiming to suppress, treat, or otherwise enable the acquisition of new competencies or skills, these interventions assume a common base in learning theories. Both studies appear to draw on differing areas of learning theory but neither makes explicit the linkage between specific theory, intervention technique, and desired outcome.

The conceptualization of battering as learned is certainly an attractive one. There is, however, little empirical evidence to support the application of learning theory to intervention with men who batter. Also one must ask why certain communication skills or types of thoughts in men may be seen as related to their use of violence. Are we expected to take it for granted that the elimination of impulsive self-talk or the learning of new modes of communication will result in the elimination of violence? Such assumptions have not, at present, been empirically tested.

Couples

At the next level of intervention is work with couples. This includes both conjoint couple therapy and couple therapy groups.[5]

Theoretical Orientations.—Systems theory is widely cited by those advocating couple treatment in cases of woman battering. To varying degrees, this preference for systems theory is combined with social learning theory.

Weitzman and Dreen, Geller, Gelles and Maynard, and Neidig are perhaps the strongest in their advocacy of a systems approach.[6] Weitz

man and Dreen see violence as one aspect of bilateral and transactional patterns exhibited by a couple. They speak of a violence-prone system and violence as a means to restore complementarity between the members of the couple. Similarly, Neidig, Friedman, and Collins state that abuse is a relationship issue and that "both parties participate in abusive behavior, although not necessarily equally."[7] Neidig and his colleagues put quotes around the terms "abuser" and "victim" and imply that these labels are not accurate. Coleman and others use "conjugal violence" instead of woman battering.[8] The language that systems-oriented practitioners use often replaces "victim" and "abuser" labels with such terms as "abusive or violent couples."

Taylor's and others' orientations reflect a mixture of systems and learning theories.[9] Taylor mentions abusive systems and the notion that abuse is mutual combat in which verbal abuse is counterbalanced by physical abuse. His counseling approach is based on a "learned aggression model" that sees anger as a central and learned response. Both Taylor and Neidig see abuse as a result of skill deficits that can be altered through cognitive-behavioral training.[10]

Harris, Margolin, Rosenbaum and O'Leary, and Lindquist, Telch, and Taylor all clearly drew on learning theory and anger control frameworks when designing their conjoint treatment approaches.[11] For example, Linquist, Telch, and Taylor describe their program as improving couples' skills in positive communication, stress management, anger control, and problem solving. Harris bases her approach on social learning models and on Walker's earlier outline for conjoint counseling.[12]

Together, most of these authors, in one way or another, advocate a systems orientation that is heavily weighted with cognitive-behavioral concepts. Cook and Frantz-Cook combine systems theory with Walker's cycle of violence and Seligman's learned helplessness models.[13] Deschner and her colleagues suggest a systems reformulation of Walker's cycle of violence that includes "mutual dependency" and "coercive exchange."

Intervention Techniques.—The major rationale for selecting conjoint couple therapy appears to be both a couple's stated desire to remain together and the fact that the violence occurs when they are together. Systems and learning theory are also used to support the notion of couple treatment. Systemic views of families predict that, when one part of the system is disturbed, other parts have contributed to the disturbance. Similarly, behavioral views of families see learned violence as possibly reinforced through interaction with others.

Several authors state that, by using a conjoint approach, couples may or may not decide to remain together. Beyond such qualifying statements, most appear to focus on repairing the marital relationship. For example, Margolin states that conjoint couple therapy "does not imply that preservation of the marriage is appropriate" but one line

above she states her approach is part of "a comprehensive program for marital improvement."[11] Programs that implicitly aim to improve marriages may discourage actions by either partner that may end the violence but not preserve the marriage.

Harris and Rosenbaum and O'Leary are the most sensitive to the issues of safety and double messages concerning preserving the relationship.[15] Rosenbaum and O'Leary suggest that a violent husband might be required to receive some form of men's group treatment prior to the couple counseling, and Harris suggests starting with individual sessions that separate each member of the couple and continuing them during conjoint sessions as a way to insure opportunities for safe disclosure of violent behavior.

Most authors state that couple treatment should not take place under certain circumstances. These vary by author but include situations in which (1) a woman's safety is jeopardized, (2) there is frequent and severe abuse, (3) chemical dependency problems exist, (4) mental illness is present, and (5) a victim does not desire conjoint treatment. For example, Gelles and Maynard state that, "In cases of severe and life threatening violence, it is clearly inappropriate and extremely dangerous to use conjoint or systems interventions."[16]

As stated earlier, the couple-treatment literature is strongly systemic in orientation. In terms of treatment techniques, however, the interventions are often cognitive-behavioral. Only Cook and Frantz-Cook and Gelles and Maynard suggest specific systems-based techniques. These include intervening in the structure of couple communication by creating tense interactions in the session that can be interrupted and modified. They view the violence as a symptom of larger, systemic problems between the man and woman or in the family as a whole. These underlying problems, rather than the violence, often become the focus of intervention.

Taylor, Neidig, Deschner, Harris, Rosenbaum and O'Leary, and Lindquist, Telch, and Taylor all promote the use of cognitive-behavioral techniques for intervention.[17] These include (1) teaching the couples to observe cues to violence or stressors in their lives, (2) training in the use of time-out, (3) cognitive restructuring with an emphasis on self-talk, (4) assertion and communication skills training to enable men to express feelings, including anger, more appropriately, (5) stress reduction through training in techniques such as relaxation and visual imagery, and (6) problem solving. Neidig, Deschner, and Lindquist, Telch, and Taylor advocate working with several couples in a group format, although Deschner permits individual members of a couple to attend group sessions alone when the other partner refuses to attend.

Unique in couple treatment is Margolin's "de-[illegible]ing the victim" technique. She suggests that, "if one partner emits a certain behavior that repeatedly provokes an assault from the other (e.g., husband's comparing

the wife to her mother whom he detests), that behavior can be eliminated so that the wife has no cause to retaliate. . . . For an attack stimulus that is relatively easy to alter, such as leaving unrinsed dirty dishes in the sink overnight, the behavior itself can be modified to decrease the probability of an angry outburst."[18] Margolin seems to imply that victims should be instructed to alter their behavior so as not to "provoke" an attack. The "de-cue" technique appears to place responsibility on the victim for decreasing a perpetrator's violence.

Outcomes.—There is a small but growing body of published evaluations of couple interventions. In one of the earliest, Lindquist, Telch, and Taylor reported 6-week and 6-month follow-ups with couples receiving therapy for male violence.[19] They found that 50 percent of the couples treated experienced at least one incident of violence during the 6 weeks immediately following the program, and that at 6 months after treatment all couples interviewed had experienced violent incidents. No comparison data were supplied for control groups.

More positive changes are reported by Harris and Taylor.[20] Harris contacted 30 couples from 2 months to 3 years after treatment and found 73 percent of the couples were "successful." Harris does not clearly define what "successful" means. Taylor briefly states that, of the 50 couples with whom he worked, 65 percent reported that there had been no new violence in the 6 months following treatment. He does not state, however, how these data were collected or who reported them. Considering the significant gender differences in reporting of violence, such vague reporting casts some doubt on these claims.[21]

Neidig, Friedman, and Collins are also vague in their reporting of outcome. They found that the approximately 100 couples with whom they worked exhibited "typically significant positive change" on the Nowicki-Strickland Locus of Control Scale and the Dyadic Adjustment Scale. They also report that at 4 months posttreatment, about 87 percent of the participants are violence free but do not state (1) if this figure includes the half of the sample who were women participants or (2) who reported the data.[22] In a more recent report of his program's effect on participants at a military base, Neidig has offered specific pre- and posttest data on changes in locus of control and marital adjustment.[23] He reports statistically significant changes in a desired direction in both partner's ratings of marital adjustment and perceived self-control between pre- and posttests. These changes are not, however, clearly linked to subsequent changes in violence. Neidig reports daily reviews of military police records and attempts to contact both partners at 6-month intervals following treatment but provides no data on police reports and states that follow-up interviews were implemented in an inconsistent manner. Similarly, Myers has reported statistically significant, desired changes in measures of distress, communication, depression, and psychopathology for 24 couples completing a 24-

session group treatment program.[24] Neither Myers nor Neidig provide comparable data for similar couples not enrolled in their programs.

Deschner and her colleagues report a somewhat confusing array of outcome data. Deschner, McNeil, and Moore state that 47 persons completing treatment reported significantly fewer arguments, less anger, and higher relationship satisfaction. In this same article, it is stated that, while violence decreased, the change was not statistically significant. Of only 15 couples questioned at 8 months after treatment, eight reported themselves violence free and five reported "minor" incidents of violence.[25] Since "minor" incidents of violence are not defined as battering, Deschner and her colleagues consider all of these couples (87%) to be free of battering. In another article, Deschner and McNeil state that for 47 individuals, violence decreased by only 50 percent and that this, too, was not a statistically significant change.[26] An "earlier group" of 22 people was also reported to be "less inclined" to anger, depression, and aggression after treatment In an appendix to her book, Deschner reports similar results for what appears to be the same group of 22 program participants—12 men and 10 women A question arises as to whether or not nonviolent women victims are included in these success rates [27]

Critique —A systems-based theoretical orientation heavily interwoven with behavioral theory emerges from the above review of couple interventions. While there has been a great deal of theoretical work in the general area of family studies from a systems perspective, only some concepts have been applied to couple therapy with violent men and their partners. The rationale for including some concepts and leaving out others is not clear For instance, family systems theories examine interactions beyond those of the couple. Subsystems both within the family and outside of it are seen as playing major roles in affecting the family's interaction, yet external systems are seldom taken into account in the above literature.

As with the individual literature, few attempts are made here to present a unifying schema that logically links theory, technique, and outcome. For instance, if one were to accept cohesion, adaptability, and communication as three interacting dimensions for intervention,[28] what kind of techniques would result and toward what ends would these techniques be directed? Instead of theoretical consistency, there appears to be a "theoretical leap" from systems and learning theory to intervention techniques.

There are several methodological problems with the studies that have, to date, reported outcomes for couple interventions First, none of the reviewed studies attempted to include a comparison or control group. Thus, attribution of cause of observed changes is not possible Second, some of the studies do report change in violence levels or in mediating variables, such as communication skills, but rarely are links

between technique, mediating variables, and violence made clear. Third, some studies combine data gathered at varying lengths of time after the end of treatment. For instance, Harris's follow-up of counseled couples was conducted 2 months to 3 years following the end of treatment.[29] Similarly, Deschner and her colleagues report follow-ups ranging from 4 months to 1 year or longer.[30] These follow-up data are then collapsed as if they were one point in time. Time lags may result from difficulties encountered in locating informants but these discrepancies in lengths of follow-up should be adjusted to take into account possible developmental factors that may play a role in the occurrence and reporting of violence over time.

Fourth, "success" is often defined inconsistently. Overall, the major criterion for success is the decrease or absence of violence. In some of the outcome studies, it is difficult to judge the degree of success when statistically significant decreases of violence are reported but no baseline data are supplied. One might ask if these decreases are clinically significant for victims of violence. Another problem in measuring success is related to the unit of measurement. Some assess the percent of decreases in violent incidents, while others assess the percent of violence-free couples, and then these terms are used as if they were interchangeable. Precise and uniform criteria for success are badly needed.

In summary, the research on intervention with couples is, at present, inadequate. Given the shortcomings in the existing research, additional studies will be needed before couple intervention will have proven itself a viable intervention with men who batter and their victims.

Men's Groups

The next larger unit of intervention is men's group treatment. It is at this level that the most clinical and empirical works have been published. More than 50 published articles, chapters, and books describe or evaluate treatment groups for men who batter. The themes that appear from this literature will be highlighted here and only representative articles supporting various viewpoints will be cited.

Theoretical Orientations.—At this level of intervention, the influence of gender-role socialization and sociocultural values on woman battering is widely discussed for the first time. Such a discussion is generally absent in both the individual and couple treatment literature.

The theme of gender-role socialization and its influence on intimate male-female relations grows directly from a feminist analysis of woman battering. This position holds that battering is used by men to gain power and control over woman partners. Violence is seen as one of several forms of controlling behaviors men use against women. Such control is socialized early in a young boy's childhood and is maintained

into adulthood through continued societal messages that legitimize male violence against women. The condoned use of force, be it battering or rape, is seen as generally intimidating women, thereby reinforcing the dominance even of those men who are not violent. Elements of this orientation are incorporated in the approaches reported by many authors.[31]

Another major theoretical emphasis in the men's group-treatment literature is the social learning perspective. As in the individual and couple literature, authors holding this view see violence as a learned, functional behavior that is maintained by various reinforcing events and can be replaced by newly learned alternatives.[32]

Several additional perspectives have more recently been proposed. Trimble advocates an ecological view of the problem based on Dutton's analysis of woman battering.[33] Briefly, an ecological perspective holds that battering is the result of interacting variables at various levels of social systems including individual, interpersonal, organizational, societal, and cultural levels. The ecological approach would dictate intervention at multiple levels, however, the intervention Trimble describes takes place strictly within the limits of a group-treatment setting. More recently, Gondolf has advocated a developmental model of intervention based on Kohlberg's theory of moral development.[34] Gondolf's model predicts a hierarchical series of changes, from denial to personal transformation, that batterers undergo to varying degrees. The developmental level of the batterer indicates the types of intervention that might be most appropriate.

The feminist, ecological, and social learning views do not appear incompatible. In simplest terms, the feminist view sees gender as the overriding theme in battering. However, as Tolman and Edleson point out, both feminists and behaviorists see men's violent behavior as learned, functional, and as being maintained, at least in part, by larger social systems.[35] This view is similar to an ecological view that stresses interaction among variables on several societal levels in the production of violence.

Standing separate from this group of approaches is a Kohlberg and Piaget-derived model of a batterer's personal transformation. Models such as this focus an intrapsychic development that may not be readily affected by external intervention.

Intervention Techniques.—A variety of treatment techniques are prescribed. Most argue for a group format in which five to 20 men discuss their violence. This is based on the belief that breaking men's social isolation, encouraging mutual self-help between them, and exposing them to a variety of opinions and models is extremely important to treatment success.[36]

Men's treatment groups are most often led by male leaders although some have advocated the benefits of a male-female leadership team.[37]

Most of the groups reported are highly structured and focus primaril on behavior change. Gondolf, uncomfortable with a primary focus o behavior change, has coined the term "theme-centered" as a way t describe programs that go beyond behavior change and include co sciousness raising and attitude change procedures.[38] Others, uncon fortable with the degree of structure often evident in batterers' group advocate unstructured, self-help groups facilitated by the members the group or by a former batterer. Self-help groups are widely availabl for batterers but have rarely been discussed in the published literatur Goffman and, more recently, Jennings argue that unstructured an closely supervised self-help groups are the best environment for fa cilitating change and avoiding overly didactic sessions that sometime relegate members to the role of passive listener.[39] The self-help approac is seen as increasing both motivation (through greater member contr over group processes) and opportunities to break social isolatio (through mutual support).

In addition to a specific group focus or structure, a large numbe of techniques are advocated Writers proposing feminist, social learnin ecologically, and self-help based programs often overlap when it com to implementing their programs. In general, several clusters of inte vention procedures are in widespread use. These include (1) sel assessment techniques such as using logs or diaries to record difficu and successful situations the men experience and identifying cues chains of events that often occur prior to, during, or after viole events, (2) developing control or safety plans for implementing high tension situations; (3) education about the cycle of violence, th emotional and legal ramifications of violent behavior, and the soci norms that encourage violence; (4) training in nonviolent confli resolution skills that include "time-outs" from stressful situations, a sertive expression of feelings, systematic relaxation in tense situation empathy for another's views, cognitive change of rigid sex-role ste eotypes and unreasonable expectations of others, and seeking mutuall agreeable solutions; and (5) group processes that encourage co sciousness-raising and self-disclosure about violent events, offer suppo for difficult change, and use confrontation when a group membe either denies his use of violence or its effect on others.

The variety of techniques listed above represents a patchwork procedures developed in various behavioral, cognitive and humanisti therapies, group dynamics research, and both the psychodrama an consciousness-raising movements. The largest number of metho appears to be drawn from what is most often called cognitve-behavio treatment. The sheer number of techniques employed in the men groups makes it difficult to interpret what, if any, procedures a critical to the success of treatment.

While most interventions use similar techniques, there is some di comfort with approaches that focus primarily on teaching new skill

Both Davis and Gondolf and Russell have recently criticized treatment programs for men that focus solely on "anger control."[10] Gondolf and Russell have argued that some strict behavioral programs fail either to look at social-structural influences on batterers or to incorporate work with men on issues of male socialization. They also point out the inconsistency between the widely stated belief that violent behavior is used to control partners and the equally wide use of the term "anger control." Violence used for instrumental purposes is seldom "out of control."

Outcomes.—The number of published evaluations of treatment groups for men who batter has expanded rapidly in recent years. The research reported includes qualitative, single-subject, and both cross-sectional and quasi-experimental quantitative studies. To date, no experimental evaluations have been completed although several are in process.

The major criterion for judging success has most often been the degree to which violence is reported following treatment. Feazell, Mayers, and Deschner surveyed 90 men's treatment programs across North America and reported that from 66 to 75 percent of the men had ceased their violence one year after completing treatment.[11] In a similar survey, Pirog-Good and Stets-Kealey found an average recidivism rate of 16 percent at four months posttreatment among the few programs (16 of 72) that conducted follow-ups with clients.[12] Neither article, however, documents the way each program generated follow-up data, who reported—victim or abuser—or how the programs computed success rates. It seems unlikely that these figures are the products of systematic outcome evaluations.

In an early evaluation of group treatment for men who batter, Edleson, Miller, Stone, and Chapman reported the outcome of a three-group multiple-baseline study.[13] Their findings indicated that 7 of 9 batterers who completed 12 sessions of cognitive-behavioral groups reported no violent incidents during follow-ups ranging from 7 to 21 weeks. The methodology employed by Edleson et al. was weak due to the use of short, retrospective baseline measurements.

In a similar study, Rosenbaum reported on batterers who had completed at least five of six behavioral-educational workshop sessions.[14] Follow-ups at 6 or more months indicated that eight of the nine men were not violent following treatment. The one client who was violent reported what Rosenbaum termed "one incident of slapping" (p. 611). Rosenbaum did not provide data on comparison or control subjects against which to judge his clients' progress. Baum, Brand, Colley, and Coke reported similar results in a study conducted in Australia; six of eight men were reported by themselves or their partners to be nonviolent 6 months after participation in a 12-session education and skill-building program.[15]

Using a mailed questionnaire, DeMaris and Jackson report a study in which 65 percent of the men who participated in at least one group

counseling session reported themselves not violent after treatment.[16] A major flaw in this study was that only 53 men (12.8%) of the 414 in the possible sample completed questionnaires.

Another flaw in the DeMaris and Jackson study as well as in those of Edleson et al. and Rosenbaum is their sole reliance on client self-report. The importance of relying on reports other than a man's, as mentioned earlier, lies in the fact that women victims often report higher levels of violence than do their male partners. For example, Baum et al. collected both self-reports and partner reports and found that two women reported their partners to be violent while only one man reported himself to be violent.

More recent evaluations involve larger numbers of subjects and, at times, a greater degree of experimental control. Shupe, Stacey, and Hazelwood report a follow-up of men who completed, dropped-out, or were terminated from participation in three Texas treatment programs.[17] In their article, they report 1-month to 3-year follow-up data for 102 men and 40 of their female partners who completed one of the three treatment programs. Eighty percent of the men and 75 percent of their partners reported that the men had not been violent since completing treatment. The authors state that, when abuse was reported at follow-up, it was likely to be much reduced in severity. Unfortunately, one of the three programs was a couple-treatment program while the other two were men's programs, making it difficult to sort out what effect men's group treatment had on violence. In addition, follow-up data from a comparison group of clients who dropped out or were terminated from treatment were not reported.

Tolman, Beeman, and Mendoza have also reported the initial results of an ongoing study of men's group treatment.[18] Unique aspects of this study include its examination of a men's program administered by a battered women's shelter with groups co-led by male-female teams. The total sample includes 149 men, who participated in at least one group session, and their partners. To date, results are available for interviews with only 48 women partners. Just over half (53%) of the men completing interviews were found to be nonviolent at follow-ups up to 4 years posttreatment. The majority of men (60%) were reported to be continuing their use of threats and emotionally abusive behavior at follow-up, as has been reported in other studies.[19] No significant differences in posttreatment violence were found between those men attending less than 10 sessions compared to those attending more than 10. In both Shupe, Stacey, and Hazelwood and Tolman, Beeman, and Mendoza, the posttreatment time periods during which follow-up data were collected varied so much that, as was pointed out earlier, the true effects of the programs evaluated may be difficult to ascertain.

Dutton, Edleson and Grusznski, Hamberger and Hastings, Shepard, and Waldo have all recently reported evaluations that employ some

type of quasi-experimental control.[50] Shepard conducted a cross-sectional study of 92 men who were at the beginning, middle, or end of treatment or had completed treatment 3 months earlier. She found that men in later phases of treatment were reported by themselves and their partners to be less violent than those in the earlier phases. The most dramatic decreases in violent and psychologically abusive behavior occurred in the first 3 months of treatment. Shepard contacted 39 of the men's partners 1 year after the men had completed treatment and found that 70 percent of the women reported they were no longer being battered.

Dutton compared the police reports for 50 men who had completed a 16-week treatment program to similar reports for a matched group of batterers who had not received treatment. He examined police reports for a period averaging 2 years posttreatment and found that treated batterers evidenced only 4 percent recidivism compared to 40 percent for the matched, untreated batterers. Dutton also examined wives' follow-up reports for treated batterers who were married throughout treatment and follow-up. He found that 84 percent of the men were reported not violent since the end of treatment. In another study using untreated men as a control group, Waldo reports that "men who participated in the groups showed no recidivism for abuse during a 1-year follow-up, in comparison to a 20 percent recidivism rate during the same period for untreated men."[51] Waldo, unlike Dutton who provides a detailed description of methodology, offers no more detail than this one sentence when describing his study.

Using a slightly different comparison group, Edleson and Grusznski have reported three studies comparing the impact of treatment on 156 batterers who completed a 6-month program to 67 other men who had dropped out of treatment. The dropouts were most often men who chose not to return to treatment because their wives returned home from a shelter or dropped court charges or the court dismissed the case. In the two studies to include noncompleters, more of the program completers were reported by their partners to be nonviolent at 6 months after treatment than were noncompleters. Completers were reported to be 67, 68, and 59 percent nonviolent compared to noncompleters who were reported 54 percent nonviolent in the first study and 52 percent nonviolent in the third study. However, in the studies where threat data were available, approximately two-thirds of the men reported not violent at follow-up were reported to be continuing to use threats of violence. This raises serious questions about the impact of treatment on the social ecology in which victims live. In terms of violence reports, the differences between completers and noncompleters reported in one study were statistically significant but not in the other where a comparison group was available. The comparison groups used in these studies makes it difficult to draw conclu-

sions since some noncompleters received substantial treatment before dropping out.

Most recently, Hamberger and Hastings have reported a study in which data on 32 men's treatment-program completers were compared to that of 36 program dropouts. One year after treatment, the data "indicated a marginally significant difference in the recidivism rate between" those men completing a 15-week cognitive-behavioral skills program and those who dropped out of the program ($p < .06$).[52] Fewer program completers than dropouts were reported violent at the follow-up. Any report of violence, be it from the man, his partner, or the police, was used to compute violence rates. Examining only program completers, the investigators also found significant pre- to posttreatment changes on measures of depression and anger but not on personality variables.

Like Hamberger and Hastings, several other studies have attempted to look at other variables in addition to rates of violence and threats of violence. For instance, Saunders and Hanusa reported pre- to post-treatment changes for 92 men who completed a 20-session cognitive-behavioral treatment program.[53] As a group, these men showed significant desired changes in anger level, jealousy, depression, and attitudes about women's roles. Unfortunately, no comparison or control group was used. In examining a number of women's reports of violence Saunders and Hanusa found that reductions in violence reports were significantly correlated with reductions in anger. Not all measures were available for comparison so it is difficult to assess what other changes might also be associated with drops in violence levels. In a similar but smaller study, Waldo found significant desired changes in communication quality, listening skills, and speaking during conflicts among nine military men who completed a men's group program.[54]

Gondolf and Hanneken applied qualitative research methods in seeking an in-depth understanding of men's transition from violence.[55] They have reported findings from qualitative interviews with 12 men who completed a 24-week batterers' group treatment and had remained nonviolent from 10 months to 2½ years. The men viewed group treatment as a reinforcement for changes they were struggling to make and greatly valued the open discussions and closeness that they shared with group members. When discussing the group process, the men did not focus on the specific techniques used in group as much as they did upon the discovery of feelings and how to express them. This emotional education, as Gondolf and Hanneken call it, appeared to be an important part of the group process.

The number and level of sophistication of men's group treatment evaluations appear to be growing. As Gondolf has stated, however, we have little information about other changes that have resulted from group treatment, how those changes contribute to a man's remaining

nonviolent, and how group treatment aids the change process.[56] Several studies are under way that address some of these criticisms but the results have yet to be released.

Critique.—Overall, intervention at the men's group level reflects some of the same theoretical and methodological weaknesses previously mentioned when reviewing the couple literature. Here, definitions of success are again inconsistent. Violence is often the central criterion of success but how violence is reported varies, with some authors reporting recidivism rates while others report decreases in violence. What is the clinical meaning of "decreased" violence? Is it a clinically meaningful change for a battered woman to be exposed to significantly less violence? For some women it certainly would be an important change, while for others it may not remove the constant terror and fear generated by few but severe violent events. Simply to report that violence has ceased provides little information about whether or not the environment of terror has lessened. Hart raises serious questions about whether or not simply ending violence should be judged as success in such programs.[57] She argues that removing the violence from a woman's life may not remove the terror she is experiencing. This is reinforced by findings in several of the above studies that although violence had been eliminated, many women reported continuing high levels of threats of violence from their partners.

There are only a few attempts in this literature to link specific changes in mediating variables, such as increased skills or changed cognitions, to changes in violent behaviors. The results reported are grounds for optimism; however, we have little knowledge about the factors that are creating the changes observed. As we pointed out earlier, there is a wide variety of intervention techniques and theoretical orientations at play in most of the treatment programs reviewed. We know little about which techniques have what influence on changes in violence, threats, or other variables. There is a need to look more closely at what aspects of group treatment are both productive and counterproductive. For example, "support" in a group may be problematic if the group norm reinforces violent behavior. Also, individual and family characteristics may be overshadowed by the focus on group process.

In this literature, the influence of varying follow-up lengths is again inconsistently addressed. The result is that violence is sometimes presented as if it were a homogeneous and static variable rather than one that varies in time and by situation.

On a more positive note, many of the studies of men's groups do feature attempts to control for intervening variables and to provide greater detail about research procedures. Finally, there appears to be an increased awareness in the men's group literature that points toward an ecologically complex understanding of battering, rather than one

focused on single-level, linear models. A sign of this understandi is the recognition by several authors that the elimination of violence but not of threats of violence—may not mean that the quality o victim's life has changed.

Social Institutions

The largest unit of social organization at which interventions ha been reported is the institutional level. Isolated reports in the literatu have described interventions or the need for them on military bas in medical systems, in religious institutions, and in educational system On the whole, however, intervention at this level has been alm exclusively focused on police and, more recently, on the entire crimin justice system. Police and criminal justice intervention will, therefo be the focus of the following subsections.

Theoretical Orientations —Within the criminal justice system, t greatest emphasis in changing institutional responses has been focus on police departments Homant has categorized those police respon beyond inaction into two groupings, counseling-oriented and arre oriented.[59] Through the 1970s and early into the 1980s, the actio of police in response to domestic disputes were guided primarily the concept of "family crisis intervention." Bard was one of the earli and stongest proponents of this view. He argued that police use crisis-intervention techniques would enhance the management of d mestic disputes.[60] Walsh and Witte discuss the police role in crises terms of the overall mental health of a community.[61] This view o police department's changing and expanded role was, at the tin consistent with the community's quest for more "progressive" a responsive police departments. As a result, law enforcement's bounda began to overlap with those of other helping professions. For examp officers began to receive training in family mediation and speciali crisis-intervention units were created that often included social work who worked with a responding officer.

In the early 1980s, the pressures on police departments began build. Pressures from women's organizations and victim rights grou grew and their agendas converged to bring about a major shift police and judicial responses to domestic disputes The victim rig advocates pushed for more severe punishment of offenders by cour while women's groups advocated for a consistent police and judic response to crime regardless of where it occurred. The literature det ing the decision-making processes and the inaction of police also gr rapidly.[62] Police who arrested perpetrators of violence on the str but did not arrest them for similar violence in the home were seen women's groups as perpetuating domestic violence and the unequ treatment of women.

As pressures began to intensify, the foci of research increased in number. The relevance of deterrence theory to intervention with men who batter was reexamined.[63] Deterrence does not simply rely on the effect of a delivered punishment. Carmody and Williams, among others, have argued that deterrence of woman battering also relies on the degree to which a man perceives sanctions as both certain and severe.[64] Their research showed that, of several possible forms of deterrence, police arrest was perceived as most severe but very unlikely. The fact that arrest was perceived by previously arrested offenders as less severe than it was by never-arrested offenders diminished the strength of their findings. This may be explained by some sort of incremental loss of arrest's deterrence "power" when used repeatedly.

Increased public pressures and the application of deterrence theory to battering have led to an increased use of arrest by police. As a result, police are now sending large numbers of offenders to the court system for arraignment, trial, and sentencing. For the first time, prosecutors and judges are being forced to deal directly with large numbers of domestic violence cases.

In the court system, the interests of victim rights advocates and women's groups are again converging. The push for attention to victim rights reinforces pressure from women's groups to increase the use of battered women's wishes when making court decisions. As with police actions, public attention has again led to a growing scholarly literature on the victim's role in the court process.[65] In courts, however, the implementation of deterrent punishment, such as a jail sentence, is often avoided through stayed sentences or pretrial diversion. Instead, most courts favor taking a rehabilitation approach by diverting or mandating men into treatment.

It is interesting that the use of deterrence by police and stayed sentencing with mandated rehabilitation by the court is advocated by many feminist-oriented programs.[66] While seemingly inconsistent, this approach appears to offer perpetrators clear and immediate sanctions through arrest (deterrence) and, later, motivation to enter treatment in order to avoid serving a jail sentence (rehabilitation).

Fagan has recently distinguished between four patterns of ending men's battering of women: deterrence, displacement, dissuasion, and desistance.[67] He argues that deterrence through legal sanctions such as arrest is most successful with less severe and chronic cases of violence. Displacement of violence from spouses to others does not appear to occur very frequently and dissuasion through victim-initiated strategies appears to vary greatly in effect. He proposes that "natural" desistance requires greater attention and that it may occur in three phases: a phase during which the man decides to stop, a phase during which the transition from being violent to nonviolent is initiated, and a phase during which the nonviolent way of life is put into place and stabilized.

In summary, the major conceptual themes driving intervention by the criminal justice system often reflect the "social mood" of the period. Earlier writers advocated "enlightened" police work while later work has been characterized by a return to the use of deterrence.

Intervention Techniques.—As stated above, crisis intervention in family disputes was the major approach advocated in the literature during the 1970s and early 1980s. This approach resulted in several types of interventions. The published literature describes programs that involve intensive training of police in family-crisis counseling, the creation of special police response squads, or the use of police-social worker teams.[68]

Arrest has gradually replaced mediation as the preferred police response to domestic disputes. During this transition, a great deal of attention has been given to appropriate police actions when entering the home, interviewing people present and deciding what action to take. Loving has provided a very detailed guide to this new approach.[69] The approach does not focus on mediation but rather on protecting the victims, careful assessment of the crime committed, and charging the man with the appropriate crime. Loving strongly advocates the use of police arrest in felony and misdemeanor crimes and, short of arrest, the pressing of charges by the victim. More recently, Goolkasian has summarized the evolution of police and other criminal justice practices around the country over the last several years.[70]

Efforts to change the responses of police and the criminal justice system have not come easily. Police, as with society in general, attempt to respect the privacy of the home and value repairing relationships.[71] In addition, Steinman points out that there is a tradition of democracy among officers who are expected to act quickly in interpreting a specific situation and to implement the law according to their judgment.[72] In fact, a wide variety of variables have been found to affect police decision making concerning a particular case, including the gender of the officer, the officer's attitudes about effective action, who makes the call to the police, the offender's behavior, and who was present.[73] The degree to which injuries were present was found to influence the decision to arrest in a study by Waaland and Keeley but not so in a study by Berk and Loseke.[74]

As police procedures changed and greater numbers of men were being arrested, it became obvious that prosecutors, judges, and probation officers would also be required to pursue these cases more vigorously. In the early 1970s, Parnas and also Field and Field recommended diversion of domestic violence cases through arbitration, information, referral, and so on.[75] This reflected police crisis-intervention efforts during the same period. Just as with the police, a shift took place during the early 1980s. Lerman has repeatedly argued for a shift away from diversion of battering cases and toward active prosecution.[76] Lerman recommends a set of policies and programs that a

number of communities have adopted as part of their prosecutorial operating procedures. Her recommendations include (1) a policy by prosecutors to avoid dropping charges once they have been filed, (2) providing advocacy services to victims, (3) charging suspected perpetrators regardless of marital status, (4) releasing suspected perpetrators on the condition that a no-contact order for protection be in place, and (5) taking into account a victim's desires when requesting a particular sentence. She also recommends postcharge diversion in cases where there is not a long history of abuse and the use of subpoenas to force battered women to testify. The latter two recommendations are hotly disputed by others. Post-charge diversion is opposed because it has the effect of allowing a batterer to avoid conviction and a criminal record. Lerman's recommendation to subpoena battered women is intended to relieve the woman of the responsibility (and blame) for deciding to testify. While well intended, forced testimony is seen by many as a way to disempower victims who already are in low-power positions.

Very little has been written about the role of judges in the handling of domestic assault charges. Goolkasian has outlined a judge's role maximizing victim safety.[77] Research on the effects of differential sentencing of batterers was not found in the literature.

Comprehensive community-intervention projects have been developed that both coordinate and advocate consistent systemic responses to woman battering. Perhaps the best-known example of such an intervention is the Duluth Domestic Abuse Intervention Project.[78] In Duluth and other cities with such intervention projects, advocates independent of the legal system (1) provide battered women with legal information and assistance, (2) educate and monitor police, prosecutors, judges, and probation officers concerning cases of woman battering, (3) provide prosecutors with data for court cases, (4) advocate for conviction and mandated treatment for assailants as part of sentencing, and (5) monitor assailants to insure that the terms of sentencing are completed.[79]

Outcomes —Evaluations of police training in family crisis intervention in the 1970s and early 1980s are available. Bard, Mulvey and Reppucci, Pearce and Snortum, and Driscoll, Meyer, and Schanie have all reported success in training police in crisis-intervention skills but mixed success when examining the effect of crisis intervention on domestic disputes.[80] For example, in a telephone survey of citizens, Driscoll, Meyer, and Schanie found that trained teams of police were rated neither more nor less helpful than untrained police and that people served by trained teams were neither more nor less likely to ca' 'he police again than were those served by untrained police. Similarl', Mulvey and Reppucci found no differences between trained and un · ained police when interviewing citizens about officers' field performance. While Pearce and

Snortum document short-term improvement in citizen evaluations of trained compared to untrained officers, these differences dissappeared 2 weeks after initial contact.

The poor results of the crisis-intervention studies added pressure for a change in police responses. Even more important, however, were the results of the study performed by Sherman and Berk in Minneapolis.[81] They found that the arrest of batterers reduced by half the likelihood of repeat violence when compared to mediation or asking the man to leave the house for an 8-hour period. Felony-level assaults were not included in this study, leaving open to question the effect of police arrest on the most severe cases of abuse.

In addition to Sherman and Berk's original study, several subsequent studies of police responses have been reported. As a group, these studies have found that, when arrests were made and the community rather than the woman pressed charges, the number of withdrawn or dismissed cases dramatically decreased, victims were more satisfied, and, most important, victims were less often exposed to violence at follow-up.[82] The enactment of legislation mandating police arrest of perpetrators was found to decrease the number of recorded homicides in one state.[83]

Fagan points out that, when further examining Sherman and Berk's Minneapolis data, one finds 15 percent more offenders with histories of severe violence continuing their violent behavior after arrest than those with histories of less severe violence.[84] Thus, one might argue that deterrence through police arrest is differentially effective and may be less so with offenders who have histories of severe violence. Fagan also points out that police inaction fared better than informal actions such as mediation. A study by Fagan, Friedman, Wexler, and Lewis found that victim assistance provided by police tended to be almost as effective as police arrest in deterring future abuse for both high- and low-injury groups.[85] However, batterers who reoffended after their partners received victim assistance committed more severe violence than men who reoffended following arrest.

Once an arrest has occurred, the prosecutor is next in line to deal with the case. In the Sherman and Berk study, only a few offenders were ever prosecuted following arrest. The low prosecution rates observed by Sherman and Berk and others have generated interest in how these cases are handled by prosecutors. This interest has resulted in a series of studies on prosecutor and victim decision making.[86] Ford's examination of 325 battered women in Indiana found that prosecution occurred "as much by chance as by rational procedures."[87] These analyses shed light on the processes involved in prosecuting or dropping criminal charges. They do not, however, indicate the success of prosecution efforts to improve victim security.

Only a few recent studies have examined the success of prosecution and related legal maneuvers in reducing violence. Grau, Fagan, and

Wexler found restraining orders that were seldom enforced by the courts to be generally ineffective in reducing the rates of physical and nonphysical abuse.[88]

Ford followed a small sample of 12 battered women and found that 3½ years later most were no longer exposed to violence.[89] Ford hypothesizes that filing charges offers a short-term power resource and indirectly started women toward long-term security. Since most women studied had separated from their partners, it was impossible to distinguish the effect of prosecution from that of leaving the man. More recently, Steinman completed an evaluation of a coordinated community intervention in Nebraska.[90] His study of 183 victims and their partners found that postarrest sanctions had little influence on recidivism beyond what was achieved through arrest. Recidivism was measured through police and county attorney files; victims were not contacted. It is interesting that most who reoffended were not charged with domestic crimes.

Ford's and Steinman's studies are small and contain several methodological weaknesses. At this point the contribution of prosecuting men who batter to the goal of ending violence is unknown. Also unknown are the relative contributions of sentencing and probation monitoring

Increasingly, in communities around the country, interventions that bring together police, prosecutors, judges, probation officers, social workers, and battered women's advocates in a coordinated response to woman battering have been established.[91] To date, very few evaluations of such coordinated interventions have been completed. Gamache, Edleson and Schock have reported an evaluation of three communities that showed significant increases in arrests, convictions, and mandated treatment concurrent with the start of intervention but they did not report outcome data.[92] Measuring the effect of coordinated intervention on violence, Pence, Novack, and Galaway reported that, at 6 month follow-up, 51 percent of victims reported no subsequent violence compared to 11 percent of a comparison group of victims from the same community.[93] The contributions of the various criminal justice and social service components were not analyzed

Taken together, these evaluations offer little promise for the effectiveness of police crisis intervention but do show some promise for police use of arrest. The relative contributions of postarrest sanctions and monitoring to ending violence are, at this moment, unknown

Critique — The literature reviewed above is illustrative of the fact that most intervention at the institutional level is focused on how police officers handle domestic violence. It appears from this literature that arrest is likely to decrease violence while crisis intervention appears to have little effect. The research conducted in Minneapolis and the six replications of that study now being funded by the National Institute of Justice will provide a significant body of evidence that may help

judge the interventions involved. The earlier research on crisis inter vention, however, is largely uncontrolled and inadequate.

Surprisingly, after reading this literature, one might believe tha few organizations other than the police or the courts have contact witl either the victim or the offender. As mentioned before, there is littl systematic information about what happens in hospitals, educationa systems, or religious institutions. Outside of a few studies in the crimina justice system, it remains unclear what actions (or inaction) are taker by various actors, professions, or organizations that react to domesti violence and what influence, if any, these actions have on endin violence.

Another issue that appears in the literature is that American societ has been traditionally unable to provide officers with a clear messag concerning the social mandate of the police. This is certainly true i the last 2 decades concerning domestic violence. On the one hand police are pressured to be crisis workers aiming to improve the com munity's well-being while, on the other hand, they are pushed to arres domestic-violence offenders. Additionally, while evidence is availabl indicating that arrest is positively associated with decreasing woma battering, society is reluctant to act on this knowledge, given conflictin values of desiring effective police while wanting to minimize stat intervention into private lives.

Finally, much more research is needed in assessing the effect o various segments of the criminal justice system. Only a narrow ban of police response has been systematically studied. More importan the interactive effects of combined postarrest actions by various socia institutions remain virtually unstudied. For example, many communitie are under pressure to convict offenders and then stay sentences whil men complete a treatment program. Though the separate impacts o arrest and treatment have been studied, it is currently unclear wha contribution punitive conviction combined with therapeutic treatmen makes to ending violence

Cultural Values and Beliefs

We began this review by pointing out the scarcity of literature or intervention with individual men. At this, the largest level of ou analysis, we also find a gap in the literature.

Attitudes that condone battering and assign major responsibility fo it to women victims have been found to be widespread in the genera population and among both college students and human servic professionals.[91] Ecological, feminist, and systems analyses of cultur often identify such beliefs as major contributing factors to the main tenance of woman battering.[95] We have, however, found no report of interventions aimed at changing these belief systems on a cultura level.

It can be hypothesized that attention and media coverage given to shelters for battered women, treatment programs for couples and violent men, and community interventions send a ripple through the larger system of values. By increasing the public's awareness of cases that receive media coverage, the establishment of new services, and recently enacted legislation, the battered women's movement may alter the general population's attitudes and beliefs. There are, however, no empirical reports available to prove or disprove this hypothesis

While most acknowledge the need to trace the causes of spouse abuse to the cultural level (e.g., norms and values concerning women's position in society), it is seldom acted on in a systematic way. It may be easier and less threatening to society to target individuals and families for change rather than norms or values that are part of an intricate web of social order. Furthermore, it may be that change on this scale is much slower and more difficult to measure.

Conclusion

A considerable amount of literature, both clinical and empirical, exists in the field of intervention with men who batter. While the existing knowledge base is of varying quality, positive changes in both the methodology and theoretical grounding of research are occurring. Overall, however, it can still be said that the intervention literature is quite often atheoretical or has borrowed its theoretical grounding from other areas. There is an urgent need to develop theory grounded in the experiences of men who batter and battered women rather than theory borrowed from others

An even broader problem in the literature is that it appears disjointed and seldom builds on published works about the causes and context of woman abuse. At times, it is as if the intervention literature is completely separate from that on the causes of violence. What is known about the etiology of woman abuse needs to be put to greater use by those who design interventions.

The evaluations reviewed here clearly suffer from methodological shortcomings. Several major problems appear in research on all levels of intervention. First, most of the studies reviewed in this article have been conducted by the very people who have designed the intervention and thus should be regarded as self-evaluations at best. Second, success is not now uniformly defined within the field. Some researchers seek a decrease in violence, others look for a cessation of both violence and threats, and still others seem to place greater value on improving marital satisfaction.[96] Third, interventions and evaluations need to stress not only the cessation of violence but also its impact on the interpersonal ecology of victims over the longer term. Fourth, the careless use of the time variable in many of the studies reviewed allows for few possibilities to assess the change occurring in the violence over time.

In general, future studies of interventions with men who batter will require a greater emphasis on process-oriented evaluation that differentially assesses the influence of specific intervention components and the maintenance of change over uniform time periods. Similarly, there is a clear need to conduct evaluations that provide for greater control of intervening variables that may have significant effects on violence. For instance, how much change can be attributed to the therapeutic techniques as opposed to other factors such as monitoring by the courts, social support from helping professionals, or separation from one's partner?

As we view the literature, we recognize how little we know and how far we must go before we clearly understand the extent to which intervention with men who batter can eliminate the violent ecology in which victims live. Future interventions require more complex designs that address multiple levels, including the individual, interpersonal relationships, institutional responses, and cultural values. Factors at work on various ecological levels can then be evaluated both in isolation and, what is even more important, in interaction with other levels of the ecology. This calls for experimenting with multilevel intervention models and for making careful choices about both the methods and units of intervention. While the task ahead is great, the probability of developing improved interventions is fairly bright, given the quickly emerging knowledge base in this area.

Notes

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The Effectiveness of Two Kinds of Support Groups for Caregivers

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Adult women caring for frail older relatives were assigned to peer-led or professional-led support groups or to a control condition. Compared to control participants, group participants experienced significantly greater improvements in their ability to cope with the stresses of caregiving. As with past research, few differences were found between participants in the peer-led and professional-led conditions.

Introduction

Currently, many resources are being expended to provide group interventions to help adult caregivers of frail elderly cope with the stresses of caregiving. However, there is little empirical evidence about the effectiveness of these group interventions.[1] The purpose of the present research is to assess the effectiveness of peer-led and professional-led group interventions in helping caregivers to cope better with the demands of caregiving.

Necessity of Family Caregiving

It is estimated that nearly 5.1 million older persons living in the community need assistance with some aspects of personal care or home

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management activities in order to live independently.[2] The need for care ranges from occasional assistance with specific tasks such as shopping to around-the-clock monitoring of serious health problems. As the population ages, the number of those needing assistance steadily increases.

Close family members, particularly spouses and adult daughters, are most often called on to assist frail elderly living in the community.[3] The intimate relationship between family caregivers and their frail older relatives often results in very high-quality care.[4] However, because the caregiver/care-receiver relationship is so intimate, caregiving often creates a great deal of stress for caregivers.

The Stresses of Caregiving

Stress has been defined as "a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being."[5] The caregiving situation includes several elements that are highly stressful for family caregivers. Uncertainty contributes to stress. As the care receiver's condition changes, often for the worse, new demands are made on the caregiver and new fears arise concerning the future. Declining health often necessitates changes in the relationship between the caregiver and care receiver. Adult children find that they must learn new ways to relate to parents who become increasingly dependent because of deterioriating health. The caregiving situation also increases stress for caregivers by making it difficult for them to use coping strategies that have worked in the past. For example, if the parent-child relationship has been a poor one, changes in a parent's health may make it impossible to limit contact with him or her due to increased demands for caregiving. In addition, if stressful situations, such as caregiving, go on for an extended period of time, they often result in a gradual wearing down of resources for coping.[6]

The timing of troublesome life events, such as the decline in a parent's health, may also influence stress.[7] Though aging and physical deterioration are inevitable, people generally resist the idea that these life experiences are imminent for themselves or people close to them. The middle-aged caregiver may also find it extremely stressful to interact with an aging parent whose dependency needs push the middle-aged child into a parental, decision-making role.

Stress from caregiving can have a negative effect on caregivers' physical, social, and psychological well-being.[8] Middle-aged women, a group that includes the majority of caregivers, are particularly vulnerable to the stresses of caregiving.[9] In addition to changing the nature of their relationship with the care receiver, these women often have other major demands placed on them by their roles as spouses

and mothers. Employment outside the home may also add stress to an already stressful situation.

Group Intervention

Group interventions are often used to help caregivers improve their ability to cope with stress.[10] They have the potential to improve problem-focused and emotion-focused coping. Problem-focused coping includes efforts to manage or alter elements of the environment that cause stress.[11] Group activities that inform caregivers about resources, give tips for performing caregiving tasks better, and show how to solve problems associated with caregiving add to the caregiver's problem-focused coping resources.

Emotion-focused coping involves efforts to regulate emotional responses to stressful situations.[12] Group activities that encourage sharing of emotions and self-perceptions, and those that encourage feedback from others about feelings, can help caregivers to view themselves and their situations in ways that reduce stress. For example, learning about the negative feelings of other group members toward an ailing parent can lead to a reduction in guilt about one's own anger and resentfulness. Sharing information about caregiving and personal reactions to specific problems and issues can also lower group members' stress. For example, a group member who feels guilty that she is not doing enough for her aged parent may find that she is doing much more than most other caregivers. As a result, she reassesses her situation and feels better about herself and her performance as a caregiver.

Despite the hypothesized benefits of groups, there is little scientific documentation of their effectiveness for caregivers. Researchers consistently report that caregivers perceive groups as highly satisfying and beneficial.[13] However, these findings are based primarily on exploratory research designs that rely almost exclusively on clinical impressions or self-reports of group participants from only one or several groups.[14] The few methodologically rigorous studies of caregiver support groups using reliable and valid measures have yielded mixed results. For example, Haley, Brown, and Levine and Zarit, Anthony, and Boutselis found that although participants were highly satisfied, there were few significant differences between those in the treatment and control conditions at the end of a short-term group-intervention program. Other group interventions have yielded somewhat more positive results.[15]

The type of leader may have an influence on group effectiveness. Although there have been few controlled investigations of the efficacy of peer-led and professional-led groups for caregivers, there is a considerable body of literature that suggests that peer leaders are as effective as, professionals.[16] The study reported here is one of several

conducted as part of the Caregiver Support Project (CSP). It was designed to examine the effects of peer- and professional-led support groups on coping with the stress of family caregiving.[17]

Method

Participants

Because gender and relationship to caregiver appear to have important influences on the caregiving experience, the sample was limited to adult daughters and daughters-in-law who were primary caregivers for their relatives.[18] Participants were recruited through an extensive media campaign that included television and radio appearances and announcements, feature articles in newspapers, and in-person and telephone contacts with social service, religious, and civic organizations in a three-county, urban, suburban, and rural region. Applicants were screened to assure that each was above average in stress, free from major psychiatric disorders, and the primary caregiver for a family member residing in the community who was suffering from two or more chronic disabilities. A total of 116 eligible persons agreed to participate in the study. Participants were informed of the purpose of the study, what would be expected of them as participants, and their right to terminate participation at any time. All participants then gave their written consent to participate and to allow group sessions to be tape-recorded.

Design

Participants were randomly assigned, within the constraints of their schedules and the county in which they lived, to a respite-only control condition, a peer-led group condition, or a professional-led education/discussion and problem-solving group condition. Thirteen participants were dropped from the study owing to their failure to attend six or more group sessions or to complete the pre- and posttest measures, leaving a total of 103 participants in the three conditions. The 13 participants who were dropped were distributed across the groups. As a result, no individual support group lost more than two participants, and each support group was composed of seven to nine members. For convenience, the study was run in two waves of 52 and 51 participants, respectively. Thus there were four groups in each of the experimental conditions.

The two professional leaders were social workers, each of whom had more than 5 years' experience working with chronically ill and elderly persons. They were given 6 hours of training, a detailed protocol covering the topics outlined previously, background reading material, and telephone consultation with Toseland between group meetings.

The two peer leaders were chosen for their experience in caregiving ıd their previous participation as members of self-help groups. Peer aders received two 1-hour training sessions on leading self-help groups, brief protocol about leading self-help groups, and background reading aterial. As suggested in the self-help literature, project staff served , consultants to the peer leaders.[19] In this capacity, project staff asked eer leaders about their plans for the groups, arranged for guest eakers when requested to do so, developed information resources, sponded to other requests for assistance, and encouraged the peer aders to seek consultation as needed.

Analyses of demographic data summarized in table 1 indicate that ıe typical participant was a white, married woman, approximately 50 ars of age. Participants' ages ranged from 33 to 67 years Two-thirds ere employed either full or part time. Although table 1 indicates ıat there were differences between the experimental conditions in ms of the number of participants employed and their religious filiation, these differences did not reach statistical significance. Also ıere were no significant differences in care receivers' age, gender, ving status, or the length of time they had been receiving care from ıe caregiver. The majority of care receivers were women. They ranged ı age from 62 to 97, with an average age of 81 years. A little more ıan half lived in the same household as the caregiver. On average, ıe elderly had been receiving care for approximately 6 years.

able 1

EMOGRAPHIC VARIABLES FOR CAREGIVERS

	CONDITION		
	Control (N = 36)	Peer (N = 33)	Professional (N = 34)
ean age	50.5	49.8	53.0
ean years of caregiving	6.5	5.5	6.9
arital status (%)			
Single			
Married	72.2	75.8	76.5
Separated	2.8	3.0	
Divorced	13.9	15.2	11.8
Widowed	11.1	6.1	11.8
mployment (%)			
Full-time	47.2	30.3	38.2
Part-time	27.8	33.3	17.6
Not at all	25.0	[illegible] 4	44.1
thnicity (%)			
Caucasian	91.7	1[illegible]0	97.1
Black	5.6	..	2.9
Latino	..		.
Other	2.8		-

Intervention Conditions

All groups met for a total of eight weekly 2-hour sessions. All leaders relied heavily on supportive interventions such as ventilation of stressful experiences, validation and confirmation of caregiving experiences, encouragement and praise for providing care, affirmation of their ability to cope, and support and understanding for struggles with difficult situations. Both treatment and control participants received funds for 3 hours respite per week Both group intervention conditions were based on ecological systems theory. An important proposition in this theory is that human beings learn coping skills to help them adapt to the stressors placed on them by the demands of the psychological, social, and physical environments in which they live.[20] Thus, in both group intervention conditions, emphasis was placed on helping participants learn to revitalize and enhance their coping skills by making the caregiving situation more manageable and by altering their cognitive and emotional reactions to it.

The professional-led group condition followed a two-part protocol that included education, discussion, and problem solving The education/discussion component included (1) introduction to the support group, (2) caregivers' emotions and feelings; (3) care receivers' reactions to illnesses; (4) taking care of self and doing positive things with the care receiver; (5) communication between caregiver and care receiver and between caregiver and other family members; (6) community resources, (7) medical needs, pharmacology, and nursing home placement processes; and (8) managing within the home and termination issues

The problem-solving component used an explicit model that included six steps: (1) problem identification, (2) generation of alternative solutions, (3) examination of pros and cons of each solution, (4) discussion and cognitive rehearsal of an action plan, (5) execution of the plan, and (6) evaluation of the plan.[21] Each week, one to three participants had the opportunity to work on individual caregiving problems using the problem-solving model.

As a check on implementation of the protocols, all group sessions were tape-recorded by the group leaders using small, unobtrusive tape recorders. The recordings were analyzed by project staff for treatment integrity and for the types of group processes that contribute to therapeutic outcomes among participants.[22]

At pretest, control participants were informed that they had not been selected to participate in a group. In addition to receiving funds for respite equal to the number of hours group participants spent in groups, control participants were given a list of community resources and informed that they would be referred to an appropriate community agency if they called the project office. Only a few control participants did so. On the posttest, participants were asked about their use of

other resources beyond those offered by CSP Control participants did not differ from treatment participants in their use of community resources.

Measures

Effectiveness of the interventions was measured by changes in (1) caregiving situation, (2) burden level, (3) psychological status, (4) social supports, (5) personal problems, and (6) satisfaction with participation in CSP.

Changes in the caregiving situation were measured by a 5-point scale of perceived health, an Extent of Caregiving Scale consisting of 27 5-point Likert-type items designed for this study (Chronbach alpha = .92, N = 115), and an estimate of the total number of hours spent caregiving each day. Changes in burden level were measured by the Zarit Burden Inventory, a 22-item scale with a high test-retest reliability (r = .79), and the Problems with Caregiving Scale, a scale consisting of 26 5-point Likert-type items also developed for this research project (Chronbach alpha = .92, N = 115).[23]

Changes in psychological status were measured by the Bradburn Affect Balance Scale (BABS), a measure of emotional well-being that has good construct validity and a test-retest reliability of .76, and the Brief Symptom Inventory (BSI).[24] The BSI is a 53-item scale that yields a General Severity Index, a Positive Symptom Distress Index, a Positive Symptom Total, and a rating on nine symptom subscales. The BSI has high reliability and validity and is widely used as a brief measure of psychiatric symptomology.[25]

A number of social support measures were developed for use in CSP. Social support measures included asking participants whether the support network had increased or decreased, changes in the extent to which those in the support network could be called on, and satisfaction with the support network. A Community Resource Scale assessed whether caregivers knew how to access 13 community resources and whether their use of these resources changed from pretest to posttest. This scale consisted of a listing of the 13 resources to which participants responded "yes" or "no" regarding their usage and knowledge of how to access each resource. A single item, Likert-type scale measuring change in knowledge about community resources was also included.

A Pressing Problem Index, developed for use in the project, measured changes in personal problems by having an interviewer ask caregivers to identify pressing problems related to caregiving at pretesting and at posttesting. The Pressing Problem Total Change Index was calculated for each participant based on the change in severity of the total number of pressing problems identified at pretest. A Personal Change Scale containing six Likert-type items provided information about perceived

changes in knowledge, feelings, thoughts, and actions. Two Likert-type scales measured perceived change in the caregivers' relationship with their relative and perceived interpersonal competence.

Participants' satisfaction was measured by four 5-point Likert-type scales for rating (1) the group leader, (2) the group, (3) participant overall satisfaction with the project, and (4) whether the participant would recommend the program to a friend in a similar situation.

A 1½-hour personal interview including most of the measures listed in tables 2–4 was given to each participant at pretest and posttest. Pretest data were collected 1 week prior to the beginning of the groups, and posttest data were collected within 1 week of the groups' completion. The remaining measures were given to participants in the treatment conditions in a group-evaluation questionnaire administered during the last group meeting.

Data Analysis

Multivariate analyses of covariance (MANCOVA) using Pillais criteria were performed on posttest scores using pretest scores as covariates where appropriate.[26] Because the data were collected in two waves, wave was used as a second factor in these analyses. Significant MANCOVAs were followed up by univariate *F*-tests and post hoc comparisons to test for differences between means using the method of paired comparison developed by Games and Howell.[27] The Games and Howell procedure was chosen for its robustness with heterogeneous sample sizes and sample variances. Categorical variables were analyzed using chi-square. In addition to quantitative analyses, audiotape recordings of the group sessions were reviewed in order to assess treatment integrity, trends in the group discussions, and sources of beneficial group outcomes.

Table 2

Significant and Nonsignificant Multivariate Effects by Condition

	F	df	*p*
Significant Effects			
Informal social support	7 528	6, 186	001
Formal social support	3 710	6, 190	002
Personal change	9 583	6, 192	001
Nonsignificant Effects			
Caregiving situation	633	6, 188	703
Psychological functioning	1 884	8, 186	065
Burden	930	4, 192	448
Participant satisfaction	558	3, 60	645

Table 3

FOLLOW-UP UNIVARIATE ANALYSES FOR SIGNIFICANT MULTIVARIATE EFFECTS

	Control (N = 36)	Peer (N = 34)	Professional (N = 33)	F	df	p
Informal social support						
Change in number in support						
Pretest	061	− 029	03			
Posttest	030	794	606	18 64	2, 94	001
Change in extent of support provided by network						
Pretest	− 029	176	212			
Posttest	000	324	152			N S
Satisfaction with support network						
Pretest	2 88	2 85	3 18			
Posttest	2 91	2 97	3 30			N S
Formal support network						
Change in knowledge of community resources						
Posttest	2 66	3 76	3 61	9 487	2 96	00
Community resource scale (knowledge of access)						
Pretest	7 97	7 59	7 97			
Posttest	10 17	11 03	10 91	1 984	2 96	143
Community resource scale (usage of resources)						
Pretest	2 31	1 59	3 03			
Posttest	2 31	1 74	2 03	1 298	2 96	278
Personal change						
Pressing problems total change index	630	1 711	1 818	12 33	2 97	001
Self appraisal of change score	10 42	17 59	17 67	30 66	2, 97	001
Interpersonal competence	3 500	4 177	4 333	21 71	2, 97	001
Improvement in parent relationship (%)*	52	83	91	13 78	2	01

* This variable was not included in the multivariate analysis because of its nominal level of measurement The statistic reported is a chi-square The values displayed are the percentages of surviving cases in each condition that reported improvement in their caregiving relationship

Table 4

UNIVARIATE ANALYSES OF RATINGS OF CHANGE FOR FIVE TYPES OF PRESSING PROBLEMS

	MEANS					
TYPE OF PROBLEM	Control	Peer	Professional	F	df	p
Psychological	.70	1.50	1.87	5.069	2, 73	.009
Behavioral	.71	2.00	1.60	3.125	2, 21	.065
Lack of social support	−.13	2.08	1.94	17.367	2, 36	.001
Lack of formal support	1.38	1.40	1.75	.183	2, 31	.834
Situational	.56	1.67	.57	2.065	2, 25	.148

NOTE.—Change was measured with the following response scale: −2 = much worse, −1 = somewhat worse, 0 = no change, 1 = a little improved, 2 = somewhat improved, 3 = much improved, 4 = completely improved.

Results

Caregiving Situation

No significant differences were found in caregiving situation as a result of the interventions, $F(6,188) = 3.710, p = .703$. The number of hours devoted daily to caregiving decreased a little for control-condition participants and increased a little for peer- and professional-condition participants. Overall, the number of hours devoted to caregiving increased from 4.6 to 4.9 each day. Participants also did not differ in the extent of caregiving chores they performed or in their general levels of health. Average health ratings for all three conditions were between "good" and "very good."

Burden

As table 2 indicates, no significant differences were found among the three conditions on either measure of burden, $F(4,192) = 0.930, p = .448$. On the Burden Inventory, scores remained approximately the same, and on the Problems with Caregiving Scale scores either decreased or remained about the same.

Psychological Functioning

As table 2 indicates, no significant overall multivariate effect for condition was found for measures of psychological status, $F(8,186) = 1.881, p = .065$. However, all differences between pretest and posttest favored those in the group conditions. Participants in both the peer-led and professional-led conditions reported small increases in well-being while control participants reported a small decrease. Group participants also

reported decreases in the number and severity of psychological symptoms while similar decreases were not found for control participants. Perhaps if the sample size in the study had been larger, significant overall effects on psychological functioning due to group participation would have emerged.

Social Support

As the data summarized in table 2 indicate, a significant multivariate effect for condition was found for changes in informal social support, $F(6,186) = 7.528$, $p = .001$. Those in the group conditions reported significantly greater increases in their support network size at posttest than control participants who reported a small decrease in their support network size—professional versus control, $t(61)$ 1 121, $p <$ 05, peer versus control, $t(56) = 5\ 717$, $p \leq$ 05 Participants in the group conditions did not differ from each other, $t(63) = 1\ 601$ There was no significant difference in participants' satisfaction with people on whom they could call for support Uniformly, all caregivers in the study reported high levels of satisfaction with the support they were receiving. There was also no significant difference in the extent to which participants could call on those in their informal networks for support

As can be seen from table 2, there is a significant multivariate effect of condition on changes in formal support, $F(6,190) = 3\ 710$, $p <$ .002. Participants in both peer-led condition, $t(66)$ 1 27, $p <$ 05, and the professional-led condition, $t(65) = 3\ 70$, $p < .05$, experienced significantly greater increases in their knowledge of community resources when compared to control participants The three conditions did not differ significantly in their knowledge of how to access community resources. All participants increased in this knowledge There was also no difference in usage of resources

Personal Changes

As table 2 indicates, the three conditions differed significantly on measures of personal change, $F(6,192) = 9\ 583$, $p <$ 001 The follow-up univariate analyses presented in table 3 reveal significant differences on all four measures of personal change.

Because participants differed significantly on the amount of improvement on the Pressing Problem Total Index, $F(2,97) = 12\ 33$, $p <$ 001, a more in-depth follow-up analysis of improvements in pressing problems was conducted Each participant had reported one to three pressing problems at pretest. When the 216 pressing problems mentioned by participants were content analyzed they fell into five categories: (1) psychological problems, such as guilt, anxiety, and

depression; (2) behavioral problems, such as sleep disorders and poor coping; (3) lack of social support; (4) lack of formal support; and (5) situational problems, such as a decline in care receiver's health. Ratings of changes in pressing problems reported at posttest were averaged within participants for each type of pressing problem. This resulted in each participant having 1–3 change scores, one for each type of problem reported.

Univariate analyses of variance reported in table 4 revealed significant differences across conditions for changes in two categories of problems: psychological problems and problems with lack of social support. Post hoc comparisons on changes in psychological problems revealed that participants in the professional-led condition experienced significantly greater improvement than did control participants, $t(50) = 3.117$, $p < .05$. Post hoc comparisons for problems with lack of social support revealed that participants in the peer- and professional-led conditions had experienced significantly greater improvement than had control participants—peer versus control, $t(20) = 6.579$, $p < .05$, professional versus control, $t(13) = 4.079$, $p < .05$. The three conditions did not differ significantly on changes in situational problems, behavioral problems, or lack of formal support.

The data summarized in table 3 also reveal significant effects on the Self-Appraisal of Change Scale, and for perceived interpersonal competence and relationship with the care receiver. Post hoc comparisons of mean differences revealed that participants in both the peer-led and professional-led conditions reported significantly more positive changes on the Self-Appraisal of Change Scale as a result of the project than did control participants—peer versus control, $t(67) = 7.146$, $p < .05$, professional versus control, $t(63) = 6.701$, $p < .05$. Participants in both group conditions also reported significantly greater improvement than control participants in their interpersonal competence at dealing with problems and issues of caregiving—peer versus control, $t(68) = 4.775$, $p < .05$; professional versus control, $t(66) = 6.346$, $p < .05$. The two intervention groups did not differ from each other. Participants in the group conditions also reported significantly greater improvement in their relationships with their care receivers, $\chi^2(2, N = 90) = 13.78$, $p < .01$. Approximately twice as many group participants as control participants reported improvement in these relationships.

Participant Satisfaction

Participant satisfaction in this study was very high, as is typically the case when participants evaluate interventions. It can be seen in table 2 that there was a significant effect of condition on satisfaction ratings. Participants in the peer-led and professional-led conditions expressed significantly greater satisfaction than did those in the control con-

dition—peer versus control, $t(65) = 5.540, p < .05$; professional versus control, $t(65) = 5.566, p < .05$. Participants in both intervention conditions gave their leaders high marks for the quality of their leadership, said they would gladly recommend the groups to a friend, and reported that they had received many benefits from group participation. Participants in the two intervention conditions did not differ significantly in their evaluations, although on all three group-evaluation measures the professional-led groups received ratings that were a little higher than those for the peer-led groups.

Several open-ended questions were used to gather further evaluative comments from participants. When asked which aspects of the project were most helpful or personally meaningful, participants in both the peer-led and the professional-led conditions said they appreciated the opportunity to share feelings, gain insight into problems, and reduce guilt. Participants in both conditions also said the groups helped them emotionally by reducing their stress. Those in the professional-led condition more often commented on the support and affirmation they had received (29% vs. 12%). They were also more likely to spontaneously comment on how much they had enjoyed the group sessions, looked forward to them, and wished the groups had either started sooner or lasted longer (36% vs. 18%). Although many participants in both conditions said they appreciated hearing from other group members and realizing they were not alone or unique in their problems, participants in the peer-led condition made this comment more often (39% vs. 24%). Those in the peer-led condition also commented more often on the importance of receiving information for handling problems.

Participants in both group conditions evaluated their leaders as warm, concerned, caring people who listened. Approximately half of all participants mentioned these leader traits. Professional leaders were described by participants as being "nonpushy" while simultaneously doing a good job of group management by being fair, respecting individuality, and being sure each member had an adequate opportunity to participate. By contrast, several participants criticized the peer leaders for not adequately controlling talkative members and for not keeping the group on task. These data are consistent with a process analysis of audiotaped recordings of the group sessions, which indicated that the professional leaders kept their groups better focused on caregiving issues and engaged in more work-style communication than did peer leaders.[28]

Conclusions

It is clear that group interventions can be effective at helping caregivers by providing a supportive environment where issues, concerns and feelings can be discussed openly. Overall, the results suggest that group

interventions may be more effective at helping caregivers cope with the stresses of their situation than previous research has indicated.[29] When compared with control participants, group participants experienced the following benefits: improvement in relations with their care receivers, increased informal support networks, increased knowledge of community resources, improved self-appraisal of changes in handling the demands of caregiving, and increased competence in handling interpersonal concerns related to caregiving. They also experienced significantly greater decreases in the severity of two types of pressing problems: psychological problems and lack of informal support.

Overall, the results suggest that problem-focused coping was improved because group participants learned more about resources and about increasing communication with care receivers and family members. They also became more adept at caregiving tasks. For example, many applied caregiving tips learned in the groups to their personal situations. They also became more assertive about requesting help from family members, seeking out community resources, and solving problems related to caregiving.

Emotion-focused coping was improved when participants learned to assess their situations differently and alter their emotional responses. By understanding care receivers' emotional responses better, group participants learned to feel less angry or frustrated when their caregiving efforts were not met with appreciation. Learning about other caregivers' situations helped some group participants to feel less guilty about the quality of care they were providing. Feelings of greater confidence and competence were reflected by improvements in psychological problems.

Despite the positive findings listed earlier, no significant differences were found on standardized measures of burden, psychological well-being, or psychological symptoms, though a trend in the psychological data favored participants in group conditions. Findings of no difference on these measures are similar to those of other recent studies of intervention programs for family caregivers.[30]

The similarities and differences between the results of the present study and those of earlier research may be explained by the kinds of outcomes examined. Previous studies of caregiver-support programs have typically not included an intensive investigation of caregivers' personal appraisals of their situation. Instead, they have relied primarily on standardized global measures of psychological status, what Orlinsky and Howard refer to as "macro-outcomes."[31] By contrast, the current investigation included both macro- and micro-outcome measures. Macro-outcomes are measured by global evaluations that reflect overall improvement in personal functioning. Micro-outcomes, alternatively, are

those "subtle but significant steps toward personal transformation: a new way of understanding a familiar situation; a heightened sense of choice in an emotional moment; a willingness to try something one had always avoided before."[32] As such, micro-outcomes reflect specific changes in acting and thinking that have been influenced by what is learned in group sessions.

Participants who experience a greater number of positive micro-outcomes tend to report greater positive changes on global measures. However, according to Orlinsky and Howard, consolidation of micro-outcomes into more permanent macro-outcomes is less likely to occur when interventions are short term, as is the case in the current study.[33] It is, therefore, not surprising that group participants reported significant improvements in psychological, relational, and support variables, all of which could be considered micro-outcome measures, while changes on the BABS and BSI, two global measures of psychological functioning, were not significant but showed a trend in the direction suggested by the micro-outcomes. It appears that the inclusion of micro- as well as macro-outcome measures in the present study led to the identification of group intervention effects not identified in earlier research.

In addition to the kinds of outcomes studied, two measurement considerations may also have influenced the results of this and earlier caregiver intervention studies. First, there seemed to be an unavoidable reactivity to the 1½-hour pretest that dealt with sensitive personal issues. Control participants sometimes reported that they benefited from being interviewed because the questions they were asked made them realize that problems they thought were theirs alone were shared by others. Second, caregivers seem to be particularly susceptible to the influences of social desirability when responding to questionnaire items. Caregivers were reluctant to give responses indicating difficulties because they were concerned that they might be perceived as complaining, selfish, or ungrateful daughters and daughters-in-law.

The reactivity of the 1½-hour pretest and the social desirability factor both work to minimize outcome differences between treatment and control participants, the first by providing an intervention-like experience for control participants and the second by minimizing reports of difficulties, especially at pretest, when they may be more pronounced. To reduce the effects of these two factors, it may be helpful to include a posttest only control condition in order to assess the effects of pretesting and to use clinically sensitive interview measures for collecting data on symptomatology. In regard to the latter point, Gallagher and her colleagues used a clinically trained interviewer to administer the Schedule for Affective Disorders and Schizophrenia (SADS), an hour-long, semistructured clinical interview, and found that interviewed caregivers acknowledged a much higher incidence of

depression than was reported by a similar group of caregivers who responded to the Beck Depression Inventory (BDI), a short paper-and-pencil measure of depression.[34]

As in previous research, few differences were found between peer-led and professional-led groups.[35] However, numerous questions remain. For example, what are the similarities and differences between what peer and professional leaders do in facilitating groups? If peers and professionals perform similarly, there is little reason to expect them to produce differences in outcomes. If they perform differently, then we must question why these differences in performance do not produce differences in outcomes. Perhaps the measures being used are not sufficiently sensitive to detect real differences in outcomes produced by peer and professional leaders.

It is possible that the nature of support groups does not necessitate the use of professional-level leader skills and that peer leaders are fully capable of facilitating the kind of open, trusting group climate needed to satisfy participants and produce positive changes. Professional leader skills may only be needed for caregivers in crisis or for those who want to explore longstanding personal and relational issues in a psychotherapy group. Because of participant expectations and needs, the exploration of these issues may not be an appropriate focus for support groups but may be appropriate in a professional-led follow-up group for selected caregivers seeking this kind of in-depth self-exploration after participating in a support group.

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Coping Resources in Adaptation to Cancer: Socioeconomic and Racial Differences

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This study examined the relationship between socioeconomic status (SES) and race and adaptation to a diagnosis of breast, colorectal, or lung cancer. A group of 369 patients were interviewed within 3–6 months of diagnosis. Nonillness-related stress, social support, coping strategies, and psychological adaptation were found to vary by race and SES. Moreover, relationships between coping resources and adaptation varied by sociocultural group.

Substantial evidence suggests that both cancer incidence and survival are related to patients' socioeconomic status (SES) with the likelihood of having a cancer diagnosis and dying from it being greater among lower SES than among higher SES groups.[1] Environmental, biological, and psychosocial factors are all plausible explanations for the higher incidence of cancer among the poor,[2] and up to 50 percent of the survival differential is believed to result from late diagnoses among the socioeconomically disadvantaged.[3] Indeed, when illness stage at diagnosis is controlled in multivariate analyses, SES mortality differences are greatly reduced.[1]

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Differences in cancer mortality among racial groups have also been observed.[5] For example, while middle- and upper-income Anglo women are at greater risk for breast cancer, black and Hispanic women are more likely to be in advanced stages of the disease at time of diagnosis and to live for a shorter time.[6] Cancer also accounts for 16 percent of excess mortality among black males under age 70 and 10 percent for black females.[7] Excess mortality is the difference between the observed number of deaths and the number expected if minority death rates were similar to age and SES-specific rates in the nonminority population. While some data suggest that controlling for SES greatly reduces differences in mortality and incidence rates among ethnic groups,[8] other studies have shown otherwise.[9] Undoubtedly, inadequate access to medical care among the poor is a critical factor in late diagnosis.[10]

Despite these differences in cancer incidence and survival, there has been little investigation of social class and racial differences in psychological adaptation to cancer. Only one study found that lower social status and unemployment were associated with poorer adjustment among breast cancer patients.[11] However, other research has demonstrated significant variation among differing ethnic and socioeconomic groups in psychosocial coping resources that might be associated with adaptation to cancer. For example, data suggest that the poor have less access to primary network supporters outside of family members.[12] At the same time, reported ethnic differences in support among community samples seem to be influenced by other sociodemographic variables such as age, income, and education.[13] Indeed, the strongest evidence suggests that social class exerts the more potent influence on support exchange than other demographic characteristics. Other research has suggested that the negative impact of general stressful life events is greatest among lower socioeconomic groups, in part as a result of differences in coping styles.[14] Individual perceptions of personal control or self-efficacy in the face of common life stressors have also been shown to vary by social class.[15] We reasoned, therefore, that close examination of coping resources that might influence adaptation to a cancer diagnosis would begin to identify factors that should be addressed in tailoring and targeting psychosocial interventions to different populations.[16]

The current study examines the relationship between social class, race, and psychosocial coping factors and psychological adaptation to a first diagnosis of cancer. Potential interactive effects were identified by examining associations among psychosocial coping resources and adaptation within and across SES and racial groupings. Psychosocial coping resources included the perceived availability and perceived adequacy of social support, one's personal sense of control, stress unrelated to cancer, and coping strategies.[17] Illness-related factors that

were presumed to influence coping were also examined, including frequency of physical symptoms and extent of disease. Using data from the first wave of a longitudinal study of 369 patients with breast, colorectal, or lung cancer, the present study examined the following hypotheses: (1) Coping resources will vary by socioeconomic status and race. More specifically, poor and minority patients will have less access to more distant social relationships, will have a lower sense of personal control, and will be most negatively affected by life stress unrelated to cancer. (2) Psychological adaptation will vary by socioeconomic status and race. Specifically, lower socioeconomic and ethnic minority patients will be more psychologically distressed. (3) The relationship between psychosocial coping factors and psychological adaptation to cancer will vary across categories of socioeconomic status and race.

Study Methods

Sampling Strategy

A sequential sample of patients was drawn from the cancer registries of 23 hospitals affiliated with the Cancer Management Network of the University of Southern California's (USC) Comprehensive Cancer Center. Criteria for study participation included the following: (1) age 35 years or older, (2) newly diagnosed case of breast, colorectal, or lung cancer, (3) no other immediately life-threatening illness or psychiatric or central nervous system disorder, and (4) physician consent to enlist patients' study participation. Use of a multiple hospital cancer registry was presumed to minimize the selection bias that might be present in recruiting patients from a single setting.

Subjects' physicians were first telephoned to inform them of the study protocol and to obtain their consent to contact patients. A letter describing the study was then mailed to eligible subjects. Within 2 weeks of this mailing, study interviewers contacted patients by telephone to request their participation in the study. Informed consent was obtained, and semistructured in-person interviews were conducted within 3–6 months following cancer diagnosis. Interviews were held in patients' homes and conducted by experienced graduate level social workers. The interview schedule was translated into Spanish for Hispanic patients who preferred to be interviewed in their native language.

The initial sampling pool totaled 1,732 patients. Of these, 111 patients had died prior to the physician contact, and 566 patients did not meet study criteria. Of the remaining 1,055 patients, 262 could not be contacted, 84 refused to participate because they felt too ill, and 344 reported no interest or a lack of time. This yielded a final sample of 369 (34%).

Demographic and illness site and stage data were obtained on a random sample of 250 nonparticipants to explore potential selection bias. Chi-square and t-tests revealed no significant differences by cancer site, cancer stage, or marital status. Significant differences were found by gender (43% of nonparticipants were male vs. 23% of participants), race (29% of nonparticipants were nonwhite vs. 21% of participants), and age (younger patients were less represented among participants). These differences take on added importance since gender, ethnicity, and age have been shown to be associated with mental health and with one's adaptation to serious illness. Consequently, caution should be exercised in generalizing results to a broader population.

Measures

Medical data, including site, extent of illness, and duration of symptoms prior to diagnosis, were obtained from either the USC Cancer Surveillance Center or hospital cancer registries In addition, patients' self-reports of the frequency of current physical symptoms were obtained. Role limitation defined as the degree to which one continued usual role activities and carried out basic personal care was measured by a scale developed and used in the Rand Health Insurance Study (HIS).[18] In this study, the reliability of the role limitation scale was high (α = .88).

Socioeconomic status was measured by patient's educational level and by Duncan's Socioeconomic Index, which is based on occupational status.[19] Analyses and findings will be reported only on education since the two indicators of socioeconomic status were highly correlated In addition, education seemed to be the one indicator of SES most likely to affect one's coping resources and adaptation to chronic illness and, therefore, most relevant for planning psychosocial interventions.

Social support was measured by a modified version of the Interview Schedule for Social Interaction (ISSI), which measures both the perceived availability and perceived adequacy of what has been termed common provisions of close (attachment) and more distant (social integration) social relationships.[20] Several items measuring very distant facets of support were deleted in the current study, which results in a 44-item measure. The ISSI has demonstrated adequate reliability (alphas from .67 to .79), temporal stability (r's of .66–.88), and validity among different SES groups and with persons with physical illness.[21] In the current study, Cronbach's alpha for the 4 ISSI scales were adequacy of attachment (ADAT), .75; availability of attachment (AVAT), .51; adequacy of social integration (ADSI), .49; availability of social integration (AVSI), .62. The AVAT and ADSI were excluded from all analyses because of low reliabilities.

Personal sense of control was operationalized by a five-item scale assessing one's personal sense of mastery or ability to solve problems ($\alpha = .64$).[22] A general assessment of the occurrence and severity of stress unrelated to cancer was made using a single four-point Likert-type item.

Several potential dimensions of coping strategies were assessed using items from previous studies.[23] Factor analysis of these items yielded two four-item dimensions: active reliance on religion and cognitive restructuring. Both achieved satisfactory reliability (alphas of .78 and .71, respectively).

Mental health status was measured with the Mental Health Inventory (MHI), a 38-item index developed by Ware and colleagues for the Rand HIS.[24] Items deemed inappropriate for newly diagnosed cancer patients were excluded, resulting in a 31-item overall MHI. In addition, a six-category response format, ranging from "all of the time" to "none of the time," was used rather than a five-category format. Reported internal consistency reliability for the total MHI score is high ($\alpha = .96$). Item and scale discriminant validity of the battery are satisfactory.[25] Construct validity has been demonstrated by its correlations with measures of social support, health status, and stressful life events.[26] Reliability obtained for the MHI scale used in the current study was similar to that of the original mental health scale ($\alpha = .95$) used in the health insurance study. The MHI has been used in previous studies of patients with cancer and other serious illness.[27]

Results

Sample Characteristics

The sample consisted of 369 patients, 77 percent of whom were female and 57 percent of whom were married or living in the same household. Their ages ranged from 35 to 85 years with a mean of 60.9 years. Twenty-one percent of the patients were non-Anglo, including 10 percent Hispanic and 8 percent black. Eleven percent of the patients had an elementary school education or less, 12 percent had completed high school, and 46 percent had attended college. According to Duncan's index of socioeconomic status, 29 percent were in the lower third, 35 percent in the middle third, and 36 percent in the upper third socioeconomically. Race was associated with education, with non-Anglo patients having less education, $\chi^2 = 21.43$, df $= 3$, $p < .001$.

With respect to clinical characteristics, 55 percent of the sample had breast cancer, 25 percent had colorectal cancer, and 19 percent had lung cancer. Almost one-half had in situ or localized cancers, 6 percent had extension cancers, 38 percent had nodal involvement, and 9 percent

had metastases at time of diagnosis. However, extent of disease di not vary significantly by race or education. The frequency of currei physical symptomology and duration of symptoms also did not vai by race or education. However, patients with less education did repo greater role-functioning limitations.

Race, Education, and Coping Resources

A series of ANOVAs were conducted to examine the influences (race and education on patient coping resources.[28] As shown in tabl 1 and 2, significant differences in mean scores were found indicatir some degree of sociocultural variability. Consistent with the stuc hypothesis, the availability of social integration, the perceived adequa(of support, personal sense of control, and coping strategies did vai by race (see table 1). Mean scores for AVSI and ADAT and person sense of control were lowest among Hispanic patients. Anglos wei more likely to use cognitive restructuring coping strategies, while relian(on religion was highest among non-Anglos.

Also as hypothesized, the availability of social integration, perceive adequacy of support, and the amount of stress unrelated to canc(varied by education (see table 2). Less educated patients reported low(mean ADAT and AVSI scores and higher amounts of stress.

Race, Education, and Adaptation to Cancer

Analysis of variance was also used to determine in what ways psych(logical status and role functioning varied by sociocultural characteristic Results are shown in tables 3 and 4. Mental health status did vai

Table 1

Means of Social Support and Coping Resources Measures of Ethnicity

	Race			
	Anglo	Black	Hispanic	*F*
Adequacy of attachment	9.97[a]	10 34[a]	8 39[b]	5 22*
Availability of social integration	5 44[a]	5 22[a]	4 37[b]	4 85**
Personal control	20.34[a]	20 71[a]	18 88[b]	4 50*
Reliance on religion	10 77[a]	12 26[a]	11 92[a]	3 50*
Cognitive restructuring	20 02[a]	19 28[a]	17 66[b]	7 12***
Stress unrelated to cancer	1 14	71	1 27	1 66

Note —a, b superscripted means with the same letter are not significantly differe on Duncan Multiple Range Test

* $p < .05$

** $p < .01$

*** $p < .001$

Table 2

MEANS OF SOCIAL SUPPORT AND COPING RESOURCES MEASURES BY EDUCATION

	EDUCATION			
	Elementary (N = 42)	High School (N = 155)	College (N = 172)	F
Adequacy of attachment	8.77[b]	10.03[a]	9.91[a]	3.31*
Availability of social integration	4.04[c]	5.09[b]	5.80[a]	15.42***
Personal control	19.39	20.06	20.49	2.48
Reliance on religion	11.17	11.18	10.57	2.62
Cognitive restructuring	18.45	19.95	19.77	2.73
Stress unrelated to cancer	.87[b]	1.12[a]	1.24[a]	3.36*

NOTE.—a, b, c superscripted means with the same letter are not significantly different on Duncan Multiple Range Test.
$*p < .05$
$***p < .001$

significantly by race and by education. Hispanic patients and patients with an elementary education only had poorer overall mental health status. Contrary to the study hypothesis, however, black patients did not differ significantly from Anglo patients in psychological adaptation.

Effects of Race, Education, Socioeconomic Status, and Coping Resources

A hierarchical multiple regression analysis was conducted to examine the independent additive effects of race, education, illness-related factors, and coping resources in explaining level of psychological adaptation. The order of entry of variables was determined by time sequence and theoretical rationale. Site and stage of illness were not entered into

Table 3

MEANS OF ADAPTATION TO CANCER MEASURES BY ETHNICITY

	ETHNICITY			
	Anglo (N = 290)	Black (N = 28)	Hispanic (N = 38)	F
Overall mental health	150.34[a]	156.42[a]	136.49[b]	7.54***
Psychological well-being	49.57[a]	52.42[a]	44.13[b]	6.29**
Psychological distress[c]	39.24[b]	36.00[b]	47.64[a]	6.88**
Role limitations	10.29	12.2	11.21	2.40

NOTE.—a and b superscripted means with the same letter are not significantly different on Duncan Multiple Range Test; c, higher scores reflect poorer mental health status.
$**p < .01$.
$***p < .001$

Table 4

Sociocultural Variations in Adaptation to Cancer: One-Way Analysis of Variance

	Education			
	Elementary	High School	College	F
Overall mental health	137.72[b]	148.51[a]	152.60[a]	7.13***
Psychological well-being	42.63[b]	49.20[a]	50.47[a]	7.63***
Psychological distress[c]	45.90[a]	40.67[b]	37.87[b]	5.56**
Role limitations	11.71[a]	11.01[a,b]	9.92[b]	3.29*

Note.—a and b superscripted means with the same letter are not significantly different on Duncan Multiple Range Test; c, higher scores reflect poorer mental health status.
$*p < .05$
$**p < .01$
$***p < .001$

the model because they were not significantly correlated with the three measures of adaptation. Results are presented in table 5.

Age and education were the only two sociodemographic variables contributing significantly to predicting MHI scores. Race was not a significant predictor of psychological adaptation. Of the two illness related factors, only patients' role limitations was significantly related to adaptation.

All four psychosocial factors—stress unrelated to cancer, personal sense of control, availability of social integration, and adequacy of social attachment—had significant effects on psychological adaptation. An examination of the standardized regression coefficients showed personal sense of control to be the most important predictor of psychological adaptation. Other predictors were stress, adequacy of attachment, role limitations, and the availability of social integration.

Interactions between Race, Education, and Coping Resources

Results of the regression model identified significant main effects for all measures of coping resources and for patients' role limitations. In order to further explicate those findings, Pearson correlations between coping resource and adaptation variables and analyses of covariance were computed to determine whether correlations varied among education and racial groups.[29]

Significant interactions identified in the analysis are presented in table 6. The correlation between stress unrelated to cancer and overall mental health status was highest among lower educated patients and among minority patients. The reported frequency of physical symptoms was correlated with MHI scores for both Anglo and minority patients

Table 5

REGRESSION OF PSYCHOLOGICAL ADAPTATION ON SOCIODEMOGRAPHIC, ILLNESS-RELATED AND PSYCHOSOCIAL COPING MEASURES

Independent Variables	Standardized Beta
Age	240***
Race	− 071
Socioeconomic Status	− 060
Education	112**
Sex	− 028
Adjusted R^2	096
Physical symptoms	− 015
Role limitation	208***
Adjusted R^2	230
Stress unrelated to cancer	214***
Sense of control	388***
Adjusted R^2	489
Availability of social integration	162**
Adequate attachment	184***
Adjusted R^2	552

NOTE —Betas and significance are based on the final regression equation
** $p \le 01$
*** $p \le 001$

Table 6

SIGNIFICANT INTERACTIONS

Interaction	ANCOVA F for Interaction	Product Moment Correlations of Stress and MHI — Education: Low	Medium	High
Education × stress	5 72**	51***	45***	25**

Interaction	ANCOVA F for Interaction	Product Moment Correlations of Stress and Frequency of Physical Problems with MHI: Anglo	Black/Hispanic
Race × stress	4 31*	− 50***	− 11 **
Race × frequency of physical problem	5 21*	− 19**	− 38***

NOTE —Dependent variable Mental Health Inventory (MHI)
* $p \le 05$
** $p \le 01$
*** $p \le 001$

However, the correlation coefficient was significantly higher for minori patients.

Discussion

Study findings suggest that persons of lower socioeconomic statu especially those with the least education, and Hispanics are more like to have difficulties in their adaptation to a cancer diagnosis. Stuc findings also provide some evidence that psychosocial coping resourc are more important than sociodemographic status or extent of disea in explaining psychological adaptation among all patient groups. A the same time, the findings highlight specific factors that help to explai the poorer adaptation among lower socioeconomic patients: physic symptoms, stress, and less access to nonfamilial social relationships

The strong independent effects of sense of control on psychologic adaptation in the current study are consistent with a recently growin body of research confirming the importance of personal resources i human coping.[30] In this study, the conception of control examined closely akin to constructs such as self-efficacy, mastery, and potency This dimension of control is related to but distinct from more generalize attributions and expectancies about the source of control over li events.[32] For example, there is some evidence that blacks simultaneous may perceive a belief in external control and a self-perception of hig efficacy.[33]

Lower perceptions of control among Hispanic patients is noteworth One explanation for this finding may be that the sense of contr measure used in this study lacked validity among Hispanics. Concer about the cross-cultural equivalency of measures led us to exami the reliabilities of all major study variables. Results indicated simil reliability levels in Anglo and non-Anglo patients. However, sma sample sizes precluded computation of reliability coefficients withi each ethnic group. It is plausible that among Hispanics (a majority whom were women) a sense of fatalism or external locus of contr might be manifested in reduced perceptions of self-efficacy.

There is some support for an alternative explanation for the lowe sense of control found among Hispanic patients. In this study, Hi panics had less education than the total sample. Studies conducted b the American Cancer Society have indicated that Hispanic and, t some degree, black patients of lower SES are less likely to believe i the efficacy of cancer treatment and are more likely to believe th the illness is fatal.[31] Because they lack adequate knowledge about th efficacy of cancer treatment, it may be that Hispanics experience u warranted pessimism or helplessness in the face of a cancer diagnos that, in turn, reduces their perceptions of self-efficacy. Our data furth support the need for concerted health education efforts to better infor

socioeconomically disadvantaged persons about the value of early diagnosis and treatment.[35]

Of theoretical interest, study data underscore the importance of accounting for social class and race in the continued development and refinement of social support theory.[36] In this study, patients with the least education and Hispanic patients reported least perceived access to a broader range of social network ties. Among these patients, this may result in reduced patient access to needed social supports as well as excessive burden on family caretakers and supporters.[37] That correlations between perceived availability of social integration and psychological adaptation were higher for black and Hispanic patients further attests to the value of expanded social network ties as a coping resource.

Of clinical interest, perhaps the lack of access to more extended social ties among the less educated Hispanic patients is a factor in their infrequent participation in cancer support groups.[38] Some data suggest that poor and minority patients might be more likely to attend cancer support groups if they were educationally focused rather than psychologically focused.[39] Social integration may also be related to coping style. For example, a study of 2,600 adults suggested that access to an extended social network was associated with better health status for persons less able to effectively utilize the resources available in their networks, but not for persons better able to mobilize support from their networks.[10]

The variation in coping strategies found in this study are also consistent with earlier evidence of sociodemographic differences in coping with general life stressors. For example, the greater reliance on religion among non-Anglo patients is consistent with that previously found among cardiac patients.[11] Less use of the cognitive restructuring strategy (denoting efforts to continue functioning despite having cancer) among the poor appears to be consistent with other data suggesting that persons of lower SES are more fatalistic and accepting in the face of stress.[12]

Finally, it is noteworthy that patients' self-reports of the frequency of physical symptoms and stress unrelated to cancer did not vary by educational or racial group. However, the negative impact of symptoms and stress on psychological adaptation was greater among less educated and non-Anglo patients. Perhaps these patients were less likely to avail themselves of interventions such as self-hypnosis to cope with cancer symptoms. Nonillness-related life stressors may also tax these patients because they lack coping resources. Each of these issues merits clinical and research attention.

This study has limitations, the most obvious being the inability to disentangle the potentially confounding effects of social class and ethnicity.[43] Moreover, although Hispanic patients did not differ from

blacks and Anglos by gender, socioeconomic index, or age, they v less likely than the total sample to have more than an elemen education. Sampling strategies in future studies need to ensure adeq representation of ethnic minority patients of different social cla It is noteworthy that in this study, there was a lower percentag ethnic minority patients among study participants than among i participants. Another limitation of this study is the loss of sub from the initial sampling pool. It is very possible that those pati who did participate in the study differed from those who did no relation to adaptation and psychosocial resources.

To date, literature on social class and racial differences in psycholo adaptation to cancer has been sparse. The issue is of vital concer health and social service practitioners providing care to poor ethnic minority patients and their families. The poor are dispro tionately represented among persons coping with cancer Furthe search is warranted to evaluate the effectiveness of educational progr and psychosocial strategies tailored to the specific needs and prefere of economically and educationally disadvantaged patients. Fortuna support for such research is increasing [11]

Notes

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The Use of Item-Response Theory in Social Work Measurement and Research

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This article presents an overview of item-response theory and how it may be applied in social work. First, classical measurement theory is briefly discussed via the domain sampling model. Important limitations of classical theory are discussed. Item-response theory, and how it addresses these limitations, is then presented. The theory is then used to desribe the development and performance of a clinical-depression checklist. This scale's performance is compared with that of Hudson's Generalized Contentment Scale to illustrate the additional information available to the researcher and practitioner when using item-response theory analyses. Finally, applications of item-response theory in social work research and practice are discussed.

The importance of measurement in scientific research has been discussed by numerous writers.[1] Nunnally writes, "In fact, it seems that major advances in psychology, and probably in all sciences, are preceded by breakthroughs in measurement methods."[2] Recently Hudson published his *Clinical Measurement Package*, a manual detailing a series of measurement scales for use in clinical practice.[3] Other works have appeared in which measurement procedures are presented and discussed.[4] Several chapters in a recent social work research text were devoted to measurement theory and the development of measurement procedures.[5]

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The measurement procedures described in these works, such those in Hudson's *Clinical Measurement Package*, are based on classi measurement theory.[6] This is a theoretical system developed in t true-score theory in the early part of the twentieth century[7] Mo recently, classical theory has been developed in the domain sampli model and elaborated in generalizability theory.[8] Both true-score theo and the domain sampling model, though somewhat different conce tually, produce identical equations for classical measurement theor

Classical measurement theory provides some powerful tools measurement. However, there are a number of problems with classi measurement theory, as discussed below. A newer theory of mea surement, item-response theory (IRT), offers answers to the proble and limitations inherent in the classical measurement models. Th IRT offers a powerful, though quite complex, measurement theo that has considerable potential. Indeed, IRT is now being used evaluate the performance of many statewide testing programs (e. the Florida Statewide Student Assessment Test) and the performan of numerous standardized tests (e.g., the Scholastic Aptitude T [SAT]). The IRT has also spawned a new class of measurement p cedures, such as adaptive testing, and provides tools well suited such endeavors as equating measurement instruments and item- a test-bias evaluations.

This article addresses the question of what IRT has to offer soc work researchers and practitioners. Specifically, the article first provi an overview of classical measurement theory and some of its limitatio A brief overview of IRT is then presented. Next, a newly develop clinical-depression measure, the Depression Behavior Checklist (DBC is described and its psychometric performance evaluated using bo classical and IRT analysis procedures. The performance of the DBC is compared with the performance of Hudson's Generalized Co tentment Scale (GCS), which is used for measuring levels of clini depression and can be found in Hudson's *Clinical Measurement Packag* Finally, the appropriateness of IRT in social work research and pract is discussed.

Classical Theory: The Domain Sampling Model

The domain sampling model is a particularly appealing conceptu zation of classical measurement theory. First, imagine some characterist or trait, that one wants to systematically describe, for example, "depre sion." Ghiselli, Campbell, and Zedeck write, "Before the factors c termining the . . . characteristics of individuals can be systematica examined, those very characteristics must be described. This is t

purpose of . . . measurement. Measurement essentially is concerned with the methods used to provide quantitative descriptions of the extent to which individuals manifest or possess specified characteristics."[11] The characteristic of interest has a number of different aspects that are related to a common core that identifies the trait.[12] The characteristic termed "depression" is a human experience having numerous indicators that are different and yet share a common core of "something." The common something is, in a sense, what the indicators share that makes them a part of the characteristic of depression.

Imagine a hypothetical domain of indicators that represents the characteristic of interest (such as depression). The individual indicators themselves represent the different aspects of the overall phenomenon represented by the domain. Imagine that the indicators in this domain are essentially infinite in number.[13] These indicators may be thought of as "items," each of which indicates the presence or absence of some aspect of the trait. The entire domain of items would provide a complete description of the characteristic represented by the domain. Thus, the sum (or, equivalently, the average) of item scores over the entire domain is called the person's "true score." This true score provides a numerical indicator describing the degree of the trait manifested by a given individual.[14]

Reliability

It is impossible to use every item in this hypothetical domain since it contains an infinite number. Thus, a sample of items from this domain must be employed in any actual measurement operation.[15] The adequacy of this sample, and the error of measurement introduced by inadequate domain sampling, is a central topic in the domain sampling model.[16] When applied to an infinite matrix of correlations between domain items, the domain sampling model provides a series of equations that describe the error inherent in a measurement due to incomplete domain sampling as well as other sources of unsystematic variance.[17] The most well known of these is *coefficient alpha*, an index of internal consistency reliability.[18] In the domain sampling model, this index can be estimated from a single set of measurements, and it can be shown that the lower bound estimate of coefficient alpha (symbolized in this paper by r_{tt}), as given by Lord and Novick, is[19]

$$r_{tt} \geqslant k/(k - 1)\,[1 - (\Sigma_i \sigma_i^2/\sigma_O^2)], \qquad (1)$$

where k is the number of items on the measurement instrument, $\Sigma_i \sigma_i^2$ is the sum of the individual item variances, and σ_O^2 is the observed total-score variance.[20]

Coefficient alpha gives the proportion of true-score variance contained in observed-score variance.[21] The square root of coefficient alpha, the correlation between true and observed scores, is called the *index of reliability* and is another, though less frequently used, index of reliability.[22] A final reliability index frequently used is the *standard error of measurement*. This index gives the standard deviation of errors of measurement, in the metric of the measurement procedure, and is given by

$$\text{sem} = \sigma_O \sqrt{1 - r_{tt}}, \tag{2}$$

where σ_O is the standard deviation of observed total scores. In the domain sampling model, this quantity is interpreted as the average of the standard error of measurement for individuals across the sample studied; it is not considered to be the same for all individuals as it is in classical true-score theory.[23] Gulickson gives a long, detailed proof showing that the standard error of measurement will be the same at all scale score levels if, and only if, the sample distribution of scale scores has a skewness of 0 and a kurtosis of 3, for example, if the distribution is normal.[24] Otherwise, the standard error of measurement will *not* be constant across the range of scale scores. Gullickson also cites empirical evidence supporting the variability of the standard error of measurement across the range of scale scores.[25]

Item Statistics

There are a number of so-called item statistics used in classical theory to evaluate the performance of individual items. These include the item *p-value*—the probability of an individual in the sample answering the item in a given manner—and the *item-discrimination index*, an indicator of how well the item discriminates between persons possessing different levels of the characteristic being measured. This latter index is often given by the corrected item–total score correlation.[26]

Validity

Validity concerns the extent to which a measurement instrument does what it is supposed to do, that is, how well the instrument performs the measurement task for which it is being used.[27] Validity is also a central concern of classical measurement theory. There are several ways of thinking about, and establishing, the validity of a measurement procedure: content validity, criterion-related validity, factorial validity, and construct validity. Each of these validity "types" is discussed in detail elsewhere.[28]

Limitations of Classical Theory

Classical theory has a number of critical limitations. One of these concerns the sample dependency of item and instrument performance indices; the item statistics (item p-value and item-discrimination index) and scale indices (reliability and validity) depend on the characteristics of the sample of individuals upon which the indices are based. For example, item-discrimination indices tend to be higher when the sample of individuals upon which the statistic is based is heterogeneous; homogeneous samples produce lower item-discrimination indices. Reliability is directly related to the variability of scale scores: the greater the raw score variability, all other things being equal, the higher the reliability (and vice versa). Thus, these item and scale indices are useful for predicting the performance of a measurement instrument only when the characteristics of the sample with which the instrument is to be used are very similar to those upon which the item and scale indices are based.[29]

Another problem with classical theory is that it provides no basis for determining how a person might respond to a given item. The ability to quantifiably predict how an individual might respond to an item is of considerable value when trying to adapt an instrument to match the level of the characteristic manifested by the person. Such information is necessary when one wants to develop an instrument to perform a specific function—such as one to discriminate between depressed and nondepressed persons—across different samples of a given population.[30]

Measurement error is a central concern of measurement theory. It has been noted above that unless the distribution of scale scores is normal (skewness = 0, kurtosis = 3) the errors of measurement (as given by the standard error of measurement) will vary with the level of the trait being measured. Classical theory provides no tools for determining how the measurement error characteristics of an instrument vary across levels of the construct being measured. Thus, the reliability of measurement at, say, high levels of the measured construct may be much lower than it is at low levels. Hambleton and Swamanathan note that "what is needed are test models that can provide information about the precision of a test score, . . . information that is specific to the test score . . . and that is free to vary from one test score . . . to another."[31]

When more than one form of an instrument exists, it is very difficult to make comparisons between persons measured with the different scale forms. Equating, a procedure that allows such comparisons to be made, is quite difficult to apply with classical theory.[32]

In addition, classical theory does not provide information regarding where along the score continuum maximum discrimination occurs

The ability to determine where the maximum discrimination occurs is of great importance when the measurement instrument is to be used to make categorization decisions regarding individuals.

The Generalized Contentment Scale

These concepts may be illustrated by a brief discussion of Hudson's Generalized Contentment Scale (GCS), a 25-item Likert-type scale with a range of scores from 0 to 100. Hudson reports a coefficient alpha for this scale of .92 and a standard error of measurement of 4.26 (based on an overall sample of 2,140 respondents). Hudson reports validity coefficients upward of .70, he also gives evidence for the construct validity of the GCS.[33] All of these statistics indicate an instrument that has performed well with the sample upon which these indices are based.

The GCS performs quite well when compared with other self-report depression instruments. For example, the performance of the GCS apparently equals or exceeds the Beck Depression Inventory (BDI). Williams reports the BDI has a split-half reliability of .90 and a test-retest reliability of .75.[34] The BDI has recently been cited as "probably the best all-round scale of its type."[35] Thus, the GCS may very well be among the best of the self-report depression scales.

However, one cannot predict how this instrument will perform with samples different from the sample upon which the reported indices are based—even when the samples are from the same population for which the instrument was designed. This is a limitation not of the instrument per se but, rather, of the classical theory upon which it is based. Very homogeneous samples will result in reliability and validity coefficients much lower than those reported by Hudson.[36] Further, one cannot determine what the standard error of measurement is for this instrument at different levels of depression. The figure of 4.26 reported by Hudson is not invariant across different levels of depression, that is, this figure will vary according to the level of depression manifested by an individual. One implication of this concerns the "clinical cutting score" of 30 reported by Hudson.[37] The standard error of measurement at the level of depression separating "clinically depressed" from "clinically nondepressed" may well be quite different from the value of 4.26 reported by Hudson. Similarly, the standard error of measurement at high levels of depression may well be quite different from what it is at moderate or low levels, compromising the reliability of the instrument for following the clinical course of clients in single-subject design applications. Classical theory provides no tools for dealing with this dilemma.

Thus, it can be seen that classical theory, while providing powerful measurement methods, has important limitations. Item-response theory

(IRT) makes additional assumptions to those made in classical theory and may be seen as supplementing the classical models. Further, IRT addresses the limitations of classical theory discussed above

Item-Response Theory

The IRT is a mathematically complex theory. Its complexity is a major limitation This means that IRT is somewhat different conceptually from classical theory even though classical theory becomes a special case of IRT.

Assumptions

Current item-response theory (IRT) models are based on several assumptions

A The probability of an individual responding to a given item in a particular manner is a monotonic increasing function only of the individual's level of the trait being measured This monotonic increasing function is called the *item-response function*, or *item-characteristic curve* Further, it is assumed that the metric for this trait can be chosen such that the item-characteristic curve for each item is the normal ogive [38]

B The probability of an individual responding to an item in a given manner is unaffected by her or his response to other items This is known as the *local independence* assumption This assumption does not mean that items are uncorrelated

C Most current IRT models assume that the scale is unidimensional This means that all items on the scale measure a single construct or trait For example, the assumption of unidimensionality requires that a scale for depression measure *only* depression Unidimensionality is a sufficient condition for local independence, that is, if the measurement instrument is unidimensional, then the assumption of local independence is also satisfied [39]

D Most IRT models in current use assume that items are scored dichotomously, that is, 1 or 0 Conceptually, the 1 indicates "presence" of some aspect of a trait or characteristic (such as depression), while a 0 indicates its "absence"

The latter two assumptions are associated only with current IRT models. The IRT in general is capable of handling multidimensional and polychotomously or continuously scored items.[10]

The tenability of the above assumptions in any given application can be assessed using a number of empirical procedures Warm and Hambleton and Swamanathan discuss these procedures in detail.[11]

Item Parameters

If the assumptions on which IRT is based are met, item and scale indices become *sample invariant* That is, they depend only on the level of trait being measured and remain invariant across samples from the

same population, regardless of the characteristics of the sample. According to the two-parameter normal and two-parameter logistic models, each item has two parameters that describe its performance: the "item-discrimination parameter," usually referred to as the *a* value, and the *b* value.[12]

The *a* parameter indicates the maximum amount of discrimination between levels of the trait measured that an item can provide. Technically, it gives the maximum slope of the item-characteristic curve. The *b* parameter gives the level of trait being measured at which the item maximally discriminates among individuals who manifest different trait levels. Technically, it gives the point along the "theta" scale (i.e., the scale on which trait or characteristic levels are measured) at which the maximum slope of the item-characteristic curve is located.[13]

As already noted, the *a* and *b* parameters are sample invariant. They depend only on the item and the level of trait being measured. Thus, these parameters may be applied to any sample from the same population with *no change in item and/or scale performance.*[14] Thus, item and scale indices are invariant across samples from within the same population, no matter how different the samples may be in their makeup. They may or may not be invariant across samples drawn from different populations. How one defines the population of interest is of extreme importance. For example, it has been found that item parameters were not invariant across the fall and spring administrations of the SAT.[15] These students may comprise different populations, and the item and scale parameters will not necessarily be invariant across the different populations

The Theta Metric

The theta scale, often denoted θ, is the metric delineating different levels of the trait being measured; that is, it is the metric scaling of the trait measured by the instrument. In most computer programs, the θ metric is scaled in terms of standard deviations from the mean (SD); that is, the scale is standardized with a mean scaled at 0, and with an SD of 1.0. Thus, for example, a θ level of .21 indicates a trait level that is .21 SDs above the mean level.

The θ metric conceptually may be thought of as a "fundamental" metric. In classical theory, different sets of items from a given domain will produce their own peculiar true-score metric. Because of this, it becomes difficult to equate scores from different measurement instruments using classical theory except under the most restrictive conditions.[16] However, once the item parameters for a set of items are known, the θ estimate derived from responses to any subset of these items is at worst a linear transformation of the theta scale produced by a different subset of items. Thus, the scores from measurement

instruments composed of entirely different items can be meaningfully compared.[17]

An individual's trait level (i.e., his or her θ level) is not estimated in IRT from the total or raw scale score as in classical theory. Rather, it is estimated from the pattern of responses to the set of items that constitutes the measurement instrument. Thus, it is estimated from an n-element response vector, where n is the number of items contained in the measurement instrument. For example, imagine a three-item instrument on which two individuals respond with the following response vectors:

individual A: (1, 0, 1),

individual B: (0, 1, 1).

Both persons will have the same total raw score of 2. However, their response vectors are different. The IRT is capable of using this difference in response vectors to provide additional information about differences in individual's trait levels. The total score on this three-item instrument allows at a maximum four distinctions between persons' trait levels (or the same person at different times): the scores 0, 1, 2, and 3. The response vector, however, can provide eight possible distinctions—the eight different response vectors that can be developed from the three dichotomous items. The depression instrument to be described below offers 2^{29} distinctions in the characteristic of depression.

Computer programs, using either maximum-likelihood or Bayesian estimation procedures, are used to estimate a person's trait level, scaled in the θ metric from the individual's response vector.[18] As will be discussed later, however, the two-parameter logistic model allows use of an optimally weighted scale score as an estimate of level of construct measured.

The Item-Characteristic Curve

When plotting the probability of a person responding to an item with a "1" against θ, the different levels of trait being measured, the *item-characteristic curve* is obtained. The vertical axis represents $p(\theta)$ (that is, the probability of responding with a 1, hence, the probability of presence of the trait), while the horizontal axis represents the θ metric.

Warm notes that $p(\theta)$ may be interpreted conceptually in two equivalent ways: given a $p(\theta)$ of, say, .78 for an item, then (1) the $p(\theta)$ value tells us that 78 percent of the persons whose θ level is .78 will respond to the item with a "1"; or (2) a given individual will respond with a "1" to 78 percent of the items for which her or his $p(\theta) = .78$[19] Hambleton and Swamanathan give a third interpretation: $p(\theta)$ gives the prob-

ability of a randomly selected examinee with trait-level θ responding "1" to the item.[50] Thus, $p(\theta)$ can be interpreted as a measure of the level of trait manifested by the person; hence, $p(\theta)$ is called the person's *true score* on the item. Further, the sum of an individual's true item scores (i.e., the person's $p(\theta)$ values) over a measurement instrument is the *true test score:* it is the raw score the person would receive if there were no measurement error and is, therefore, the person's "expected score" on the instrument.[51]

In the two-parameter logistic model, $p(\theta)$ is a function of θ and an item's a and b values.[52] The mathematical form of the two-parameter logistic model is

$$p(\theta) = \frac{1}{1 + e^{-1.7a(\theta - b)}}, \quad (3)$$

where $p(\theta)$ = the probability a person responds with a "1," a and b are the item parameters, and e is the base of natural logarithms.[53]

Test-Characteristic Curve

The sum of items' $p(\theta)$ values at each θ level across the items on a measurement instrument will give the *test-characteristic curve*, or *test-characteristic function*. This curve relates the true scores on the instrument (and, hence, the expected raw scores at the various theta levels) to the θ metric.[54] Hambleton and Swamanathan note, "When the test items included in the test are a representative sample of test items from the domain of items, . . . the associated test characteristic function transforms the ability score estimates $[\hat{\theta}]$ into meaningful domain score [true-score] estimates.[55]

The test-characteristic curve, the *expected value* of the proportion score

$$\frac{1}{n} \sum_{g=1}^{n} U_g,$$

where U_g is the response (1 or 0) to item g on an n-item measurement instrument by a person whose trait level is θ (i.e., the person's true proportion score), is given by

$$\frac{1}{n} \sum_{g=1}^{n} p_g(\theta), \quad (4)$$

where $p_g(\theta)$ is the value of the item-characteric function for item g at a given θ. Equation (4) is computed over all n items at each level of

θ. The resulting curve relates true proportion scores on the instrument to the θ metric. This function shows that an individual's true score and her or his θ level are the same, differing only in the scale of measurement used to describe each.[56]

Lord and Novick show that the equation

$$\sigma^2_{x|\theta} = \sum_{g=1}^{n} p_g(\theta)\, q_g(\theta), \quad \text{where } q_g(\theta) = 1 - p_g(\theta), \tag{5}$$

gives the conditional variance of total raw scores x about the regression curve of total score on θ.[57] This is the squared standard error of measurement in the metric of the instrument at a given θ level. The regression of total test score on θ is intimately related to the test-characteristic curve. In fact,

$$u_{x|\theta} = \sum_{g=1}^{n} p_g(\theta), \tag{6}$$

where $u_{x|\theta}$ is the regression of total score x on θ, and n is the number of items on the instrument. Thus, the standard error of measurement of classical theory is linked to an important concept, the test-characteristic curve, in IRT.

Information

In IRT, reliability is supplanted by the concept of "information." Information concerns the precision of measurement at different levels of θ. The amount of information given by a specific item at a given level of θ in a two-parameter logistic model is

$$I(\theta,u) = \frac{(1.7a)^2}{e^{1.7a(\theta-b)}(1 + e^{-1.7a(\theta-b)})^2}, \tag{7}$$

where, $I(\theta,u)$ = amount of information given at a particular level of θ by item u. The amount of information given by an item will vary along the θ metric. Thus, any given item will perform better at certain trait levels than at others.

The amount of information given by a set of items, such as those that constitute a measurement instrument, may be summed at each level of θ to give what is called the *test-information curve*. This curve gives the precision of measurement along the θ metric provided by the instrument. The higher the level of the test information curve, the more precise the measurement and the less the error of measurement (and vice versa). In fact, the test information curve gives the maximum

amount of information obtainable from a set of items.[58] As with the item parameters, the test information curve is sample invariant.[59]

If a maximum-likelihood estimate of θ level is obtained, then the standard error of estimate (SEE) of θ, a concept analogous to the standard error of estimate in regression theory, is given by Hambleton and Swamanthan as[60]

$$\text{SEE} = 1/\sqrt{I(\theta)}, \tag{8}$$

where $I(\theta)$ is the height of the test information curve at a particular value of θ. The greater the information, the smaller the SEE (and vice versa). The SEE is related to the classical reliability coefficient by[61]

$$r_{tt} = 1 - \overline{\text{SEE}}^2, \tag{9}$$

where r_{tt} is the classical reliability coefficient and $\overline{\text{SEE}}$ is the average SEE across the sample of individuals whose trait levels are being estimated. This equation holds only when the θ metric is standardized.[62]

One of the implications of equation (9) is that a measurement instrument may have a very high classical reliability and yet perform poorly for a given purpose because it gives relatively little information at critical values of θ.

Raw-Score and Weighted-Score Information

As noted earlier, IRT analysis estimates an individual's trait level from her or his response vector across a measurement instrument. This requires use of a complex computer program, such as LOGIST IV.[63] If accurate item-parameter estimates are available from previous research on a given instrument (such as the DBCL), then an optimally weighted scale score can be used to estimate individuals' θ levels.[64] This result opens up the possibility of using two-parameter logistic models in social work applications without the need for computers beyond the initial estimation of item parameters.[65] In the two-parameter logistic model, this optimal weighting can be shown to be

$$W = a_g, \tag{10}$$

where W is the optimal item weight and a_g is the item's a parameter. Indeed, according to Lord and Novick, for two-parameter logistic models "all the information about θ available in a response pattern [i.e., a vector] **v** . . . is given by the particular test score formula,

$$x = x(\mathbf{v}) = \sum_{g=1}^{n} a_g u_g,$$

which does not depend upon the difficulty parameters b_g."[66]

In this optimal scoring formula, a is the gth item's a value, u_g is the gth item's raw score (0 or 1), and there are n items on the instrument. This optimal score on the instrument will provide the maximum amount of information obtainable from the set of n items by any scoring procedure.[67] Indeed, the relationship between the optimally weighted score, x, and the maximum-likelihood estimate of θ ($\hat{\theta}$) is contained in the equation[68]

$$\sum_{g=1}^{n} a_g(1 + e^{-1.7a(\hat{\theta}-b)})^{-1} = \sum_{g=1}^{n} a_g u_g. \tag{11}$$

If all item weights are set at $W = 1$, the scale's raw score is obtained, just as in clasical theory. Most often the raw scale score carries greater measurement error than the optimally weighted scale score; further, this measurement error is not constant across trait levels.[69]

The Depression-Behavior Checklist

The foregoing concepts provide a brief overview of IRT. These ideas will be illustrated through discussion of the Depression Behavior Checklist (DBCL), a self-report behavior checklist developed by the authors for measuring an individual's level of clinical depression.[70] The performance of this scale will be assessed using both classical theory and IRT. Its performance will also be compared with that of the GCS.

The Scale

The DBCL is a 29-item behavioral checklist designed and constructed using the domain sampling model as a development guide.[71] This checklist was designed for two functions: (*a*) to help determine whether or not an individual is clinically depressed, and (*b*) to provide a way, through the checklist's total score, to measure the relative level of manifested depression. The target population for the instrument was defined as persons who might be seen in a clinical setting by clinical practitioners. It was designed so that each item is scored "0" or "1"; the item is scored 0 if the item describes a behavior not characteristic of an individual; it is scored 1 if the behavior contained in the item is characteristic of the person. The range of possible total unweighted raw scores runs from 0 to 29. Finally, it was assumed in its development that the probability of an individual responding to an item with a 1 is given by a two-parameter logistic item-response function.

Each item on this scale was written to be potentially measurable by public observation. Items were written in this manner to make the

scale potentially usable by clinicians as a rating scale. For examp one item reads, "I have crying spells." This behavior is potenti observable by someone other than the individual whose level depression is being measured. If this behavior is characteristic of individual responding to the item, it is scored 1; if it is not characteris of the person's behavior, it is scored 0.

Method

A total of 206 persons completed both the DBCL and Hudson's G(The sample included undergraduate and graduate university stude as well as individuals in psychotherapy in both private and commun settings.

The psychometric performance of the DBCL and GCS over t sample was then evaluated. The performance of the GCS was evalua using classical item analysis with the Statistical Package for the So Sciences (SPSS) reliability procedure. The performance of the DB was evaluated using an item analysis, common factor analysis, and IRT analysis using LOGIST IV. Scores on the two scales were a compared for evidence of criterion related validity.

Classical Measurement Theory Results

Sample statistics for GCS and DBCL scores are shown in table 1. 1 coefficient alpha reliability estimate for the GCS over this sample v .925, with a standard error of measurement of 4.27. These figures consistent with those reported by Hudson.[72]

The coefficient alpha reliability estimate for the DBCL was .9 with a standard error of measurement of 2.21. The correlation betw raw scores on the GCS and DBCL was .59 (t = 10.437, 204 df, p .001).

The factor analysis of the DBCL gave results consistent with th of a unidimensional instrument. These factor analysis results will discussed further below.

Table 1

Sample GCS and DBCL Summary Statistics

	Mean	SD	Range
GCS	24 88	14 388	0–77
DBCL	14 63	7 911	0–29*

* This represents the raw unweighted total scores

IRT Results

Tenability of Assumptions

The first assumption of IRT concerns the shape of the item-characteristic curves. The assumption was made for the DBCL that the item-characteristic curves were logistic. The program LOGIST IV, which uses an iterative routine, will not converge to a solution unless the item-characteristic functions for all items on the scale can be represented by logistic curves.[73] LOGIST IV converged to a solution for the DBCL data, indicating that the assumption of logistic-shaped item-characteristic curves for all DBCL items is plausible

The second and third assumptions concern local independence and unidimensionality, respectively. Three sources of evidence concerning unidimensionality of the DBCL were used First, the assumption of unidimensionality of the DBCL was empirically tested using the Factor Loading Test [74] In this test, the first factor loadings from the factor analysis of the DBCL were investigated for two conditions: (1) each item loading on the first factor should be statistically significant, and (2) each item loading on the first factor should be of the same sign (that is, positive or negative). Both these conditions were met for the DBCL. Second, the coefficient alpha reliability of the DBCL was .925, a value suggestive of a unidimensional scale.[75] Finally, the factor analysis of the DBCL showed a dominant first factor, with a first-to-second eigenvalue ratio of 4.35 First factor loadings ranged from a low of .38 to a high of .78, with an average loading of .56 and a standard deviation of .11 These results support the unidimensionality of the DBCL and, by the sufficiency condition noted earlier, also support the tenability of the local independence assumption [76] The last assumption concerns the scoring of items as either 1 or 0 This assumption is met by the DBCL All requisite assumptions for the use of IRT seem to be met for the DBCL.

Item-Parameter Estimates

The IRT analysis resulted in *a* and *b* parameter estimates shown in table 2. Descriptive statistics are also given for these parameter estimates in table 2.

Parameter estimates in IRT are most stable when the number of respondents is quite large [77] To evaluate the possibility that the estimates reported in table 2 might be unstable, the sample of 206 respondents was reduced to 150 and 175 subjects and item parameters were reestimated. Item-parameter means, SDs, and, for the *b* values, average absolute values for each sample size were computed. Estimated item parameters were also correlated across the three samples. Unstable

Table 2

LOGIST IV Estimates of a and b Item Parameters for DBCL Items

Item	a Parameter	b Parameter
1	418	− 377
2	801	− 279
3	782	− 79
4	1 433	− 147
5	1 323	− 059
6	514	− 758
7	1 097	207
8	904	− 687
9	793	− 301
10	1 019	− 267
11	1 427	585
12	2 000	086
13	896	1 834
14	1 033	− 060
15	1 803	077
16	1 065	331
17	1 165	− 139
18	1 464	740
19	1 205	052
20	956	− 347
21	1 311	− 774
22	1 506	− 190
23	1 283	081
24	832	146
25	962	1 171
26	644	1 557
27	1 126	204
28	904	847
29	790	251

Note.—For a, mean = 1 085 and SD = 3521 For b, mean − 02218 and SD = 6408

estimates should show up as low correlations between item-parameter estimates and in widely differing means, SDs, and average absolute values in the three samples.[78] These statistics from the different samples are shown in table 3. These figures suggest that the item-parameter estimates shown earlier in table 2 are stable.

Validity

The correlation between θ estimates from LOGIST IV and raw GCS scores was .62 (t = 11.28, 204 df, $p < .001$), as was the correlation between optimally weighted DBCL scores and raw GCS scores. This validity coefficient is a slight improvement over the correlation between raw DBCL and GCS scores (r = .59).

Test-Characteristic Curve

The test-characteristic curve of the DBCL is shown in figure 1. This curve relates the θ metric to true scores on the DBCL. It can also be used to obtain expected raw scores (i.e., true scores) on the DBCL for different θ levels.

The standard errors of measurement of raw DBCL scores at different θ levels are given in table 4, while the measurement-error characteristics in terms of the SEE are shown in figure 2. It will be noted that the standard error of measurement is lowest at extreme DBCL raw scores and highest at midrange scores. However, the test-characteristic curve, as well as the measurement-error characteristics in figure 2, show the instrument to have highest discriminating power (i.e., highest measurement precision) at θ levels associated with midrange DBCL true scores. This seeming paradox can be understood, in part, by noting that very high and very low DBCL true scores functionally relate to the θ metric (via the test-characteristic curve) in regions where the slope of the test-characteristic curve is very low. Thus, large ranges of θ values are squeezed into relatively small ranges of DBCL true-score values, a result of the unrestricted range of θ values (which range from $-\infty$ to $+\infty$) and the restricted range of true-score values. Lord and Novick discuss this seeming paradox, noting that "it might seem paradoxical that a test has the smallest standard error of measurement for those examinees for whom the test is too easy to measure very effectively.

Table 3

Correlation Matrix and Sample Statistics for Item-Parameter Estimates for Sample Sizes of 150, 175, and 206 Subjects

n	150	175	206
a parameter estimates			
150	1.0	.9708	.9576
175		1.0	.9733
206			1.0
b parameter estimates			
150	1.0	.9944	.9955
175		1.0	.9960
206			1.0

Note.—For *a* parameter estimates, sample statistics are (n = 150) mean = 1.142, SD = .3781, (n = 175) mean = 1.091, SD = .3182, (n = 206) mean = 1.085, SD = .3521. For *b* parameter estimates, sample statistics are (n = 150) mean = −.0451, SD = .6672, average absolute value = .4743, (n = 175) mean = −.0222, SD = .6580, average absolute value = .4801, (n = 206) mean = .02248, SD = .6408, average absolute value = .4601.
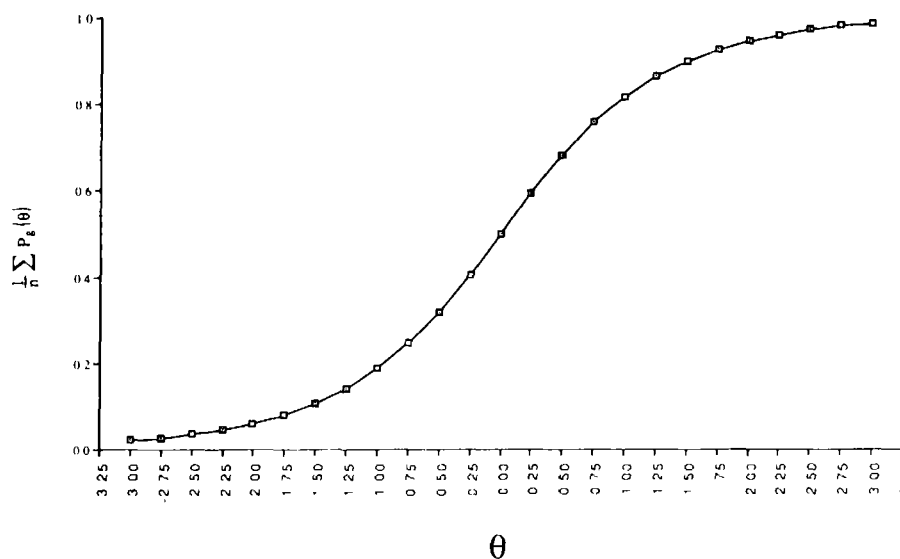
FIG. 1 — Test-characteristic curve of DBCL.

Table 4

MEASUREMENT ERROR CHARACTERISTICS OF THE DBCL

θ Level	Standard Error of Measurement in Proportion Score (i.e., Domain Score Estimate)	Standard Error of Measurement in Raw Score Metric	True Score	Standard Error of Estimate (SEE)
−3 00	0266	77	659	1 156
−2 75	0297	86	828	.976
−2 50	033	96	1 05	822
−2 25	0376	1 09	1 36	691
−2 00	0425	1 23	1 78	581
−1 75	048	1 39	2 35	491
−1 50	054	1 56	3 11	416
−1 25	0605	1 75	4 12	355
−1 00	0673	1 95	5 44	306
− 75	0739	2 14	7 13	266
− 50	0798	2 31	9 23	236
− 25	084	2 44	11 72	216
00	086	2 49	14 48	207
25	0841	2 45	17 28	211
50	0798	2 31	19 84	228
.75	0735	2 13	22 00	257
1.00	0666	1 93	23 73	295
1 25	0597	1 73	25 06	346
1 50	.0535	1 55	26 08	408
1.75	048	1 39	26 84	481
2 00	0433	1 25	27 42	565
2 25	0391	1.13	27 86	659
2 50	035	1 01	28 20	769
2.75	032	928	28 46	894
3 00	0293	849	28 66	1.04
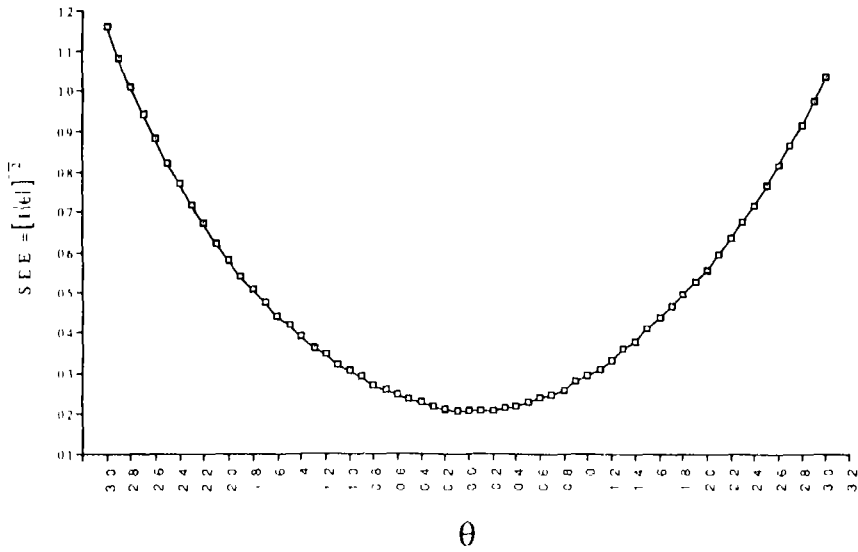
FIG. 2 —Standard error of estimate characteristics of DBCL

The fact to be noted is that the effectiveness of a test as a measuring instrument at different ability [trait] levels depends not only upon the standard error of measurement at those levels, but on other things as well One possible index of the discriminating power of the test at different ability [trait] levels is the test information curve."[79]

Lord and Novick go on to discuss and illustrate the distortions introduced into measurement by the nonlinear relationship between true scores and θ.[80] This discussion of the measurement error characteristics of the DBCL highlight some of the problems and limitations inherent in the classical concepts of standard error of measurement and reliability. Samejima discusses these in greater depth.[81]

Test-Information Curve

The results of the IRT analysis were used to construct the test-information curve of the DBCL. This is shown in figure 3 The test-information curve is somewhat peaked, with the maximum height of the curve occurring between θ values of approximately −.5 (height = 17.83) and +.6 (height = 17.525). The curve actually peaks at θ = 0.0225, the mean *b* value of the 29 DBCL items (height = 23.4). Thus, the SEE between these θ values (i.e., between θ = −.5 and θ = +.6) is less than .24 units in the θ metric. The graph in figure 2 represents the SEE characteristics of the DBCL by plotting the function $[I(\theta)]^{-1/2}$ against θ, where $I(\theta)$ is the height of the test-information curve at the value of θ on the horizontal axis.
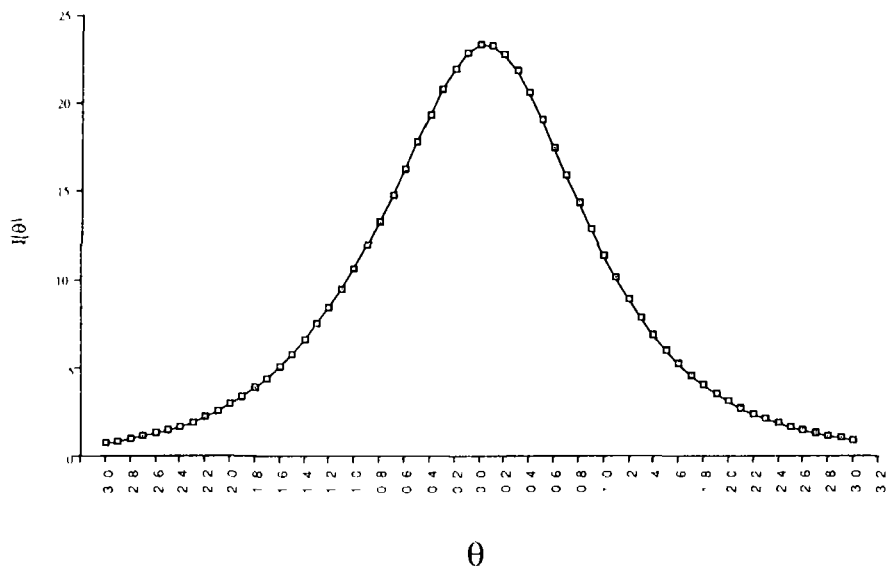
FIG. 3 — Test-information curve of DBCL

One of the purposes for which the DBCL was developed was to measure relative levels of depression in such contexts as repeated use, in clinical evaluation applications, or in group-comparison research. For such purposes, the test-information curve should be a relatively straight line across the range of depression levels.[82] Such a test-information curve would indicate equally precise measurement all along the θ continuum. However, the test-information curve for the DBCL is somewhat peaked, as noted above. This indicates the DBCL performs well for measuring relative levels of depression only across a certain range; outside this range, the precision of measurement becomes unacceptably low. The measurement-error characteristics of the DBCL shown in figure 2 and the test-characteristic curve in figure 1 can be used to identify the range of optimal applicability of the DBCL for measuring relative levels of depression.

The DBCL will give the most precise measurement in those ranges where the slope of the test-characteristic curve is the largest. This is because the greater the slope, the greater the variance of the true-score distribution, and vice versa.[83] The test-characteristic curve in figure 1 can be described by a cubic regression equation of the form

$$TS = B_0 + B_1\theta + B_2\theta^2 + B_3\theta^3,$$

where TS = true DBCL score. For the test-characteristic curve in figure 1, the fitted regression equation is, with $R^2 = .998$,

$$TS = 14.54 + 8.75\,\theta + .0144\,\theta^2 + -.49\,\theta^3,$$

and the slope of the test-characteristic curve at any level will be given by the first derivative of this regression function, $dTS/d\theta$. Thus, the slope of the test-characteristic curve at any given θ level is given by

$$dTS/d\theta = -1.47\,\theta^2 + .0288\,\theta + 8.75.$$

The maximum slope of the test-characteristic curve occurs at $\theta \cong 0$ At this point the slope of the test-characteristic curve is 8.75. If a demarcation between acceptable and unacceptable precision is set at the point where the slope of the test-characteristic curve is 70 percent of the maximum, then the range between DBCL true scores of approximately 4 ($\theta = -1.25$; SEE $= .355$) and 25 ($\theta = 1.25$; SEE $=$ .346) defines the range of applicability for the DBCL for measuring relative levels of depression. If the criterion is set at 80 percent of the maximum slope, then the applicable range of DBCL true scores is approximately 5 ($\theta = -1$, SEE $= .306$) to 21 ($\theta = +1$; SEE $= .29$).

Optimally Weighted DBCL Scores

Equation (11) gives the relationship between estimated θ values (i.e., $\hat{\theta}$) and the optimally weighted DBCL score, W, given by

$$W = \sum_{g=1}^{29} a_g U_g,$$

where a_g is the a value for the gth item, whose raw scores is U_g. Thus, the researcher or practitioner might use equation (11) to estimate θ values from observed values of W.[84]

Psychometric Characteristics of GCS and DBCL Compared

The most salient difference between the performance characteristics of the GCS and DBCL is in their measurement-error characteristics. The best that can be said about the GCS is that, over a sample of 2,140 respondents, the average standard error of measurement is 4.26 However, there is no way of ascertaining how the standard error of measurement changes across the range of levels of depression. As suggested by IRT, and illustrated above, the standard error of measurement—hence, the reliability—may well be quite different at different GCS-score levels. The standard error of measurement may well be different than the sample average figure of 4.26 at the clinical cutting point of 30 (or, for that matter, other GCS-score ranges).[85]

In comparison, the measurement-error characteristics of the DBCL are well described across the range of levels of depression. Further,

the distortions in measurement induced by the true-score metric peculiar to the DBCL can readily be ascertained by inspection of the test-characteristic curve.[86] The potential distortions in measurement resulting from peculiarities in the true-score metric of the GCS cannot be determined and, hence, controlled, not because of limitations in the instrument per se but rather due to the limitations of classical theory.

Another important difference lies in the sample invariance of the item parameters and information indices for the DBCL. Regardless of whether a sample is particularly homogeneous or not, the measurement-error characteristics of the DBCL remain constant. For example, imagine two samples in which the observed GCS variance is 625 and 100, respectively, and in which the total-item variance remains constant at 50. The estimated internal consistency reliability, r_{tt}, in the first case will be .96, while in the second it will be .52. The average standard error of measurement in the first case will be 5 and in the second 6.9. This scenario may occur in situations involving quite heterogeneous and quite homogeneous samples. In both cases, however, the measurement-error characteristics of the DBCL will be the same; there will be no changes in the information about individuals' θ levels Thus, the DBCL may be used with samples from the target population having characteristics that would dramatically alter the performance indices of the GCS; in such applications the DBCL measurement-error characteristics will remain invariant.[87]

The foregoing assertions concerning the compared performance of the DBCL and GCS should be taken as tentative and in need of confirmation through further psychometric research However, the results of the research reported here strongly suggest that we do not know precisely how instruments (such as the GCS) that are developed and evaluated using classical measurement theory perform at different levels of the construct measured. This should not be taken to imply that scales developed on classical theory are necessarily poor instruments and that we should abandon use of such scales (dichotomous or polytymous) in current use. Rather, when such scales are used, the researcher or practitioner is operating "blind" relative to important characteristics of the measurement tools being used, a blindness that could lead to erroneous practice and research conclusions.

The Use of IRT in Social Work Research and Practice

The results of this research suggest that IRT has much to offer social work researchers and practitioners. First, IRT provides methods for describing the measurement-error characteristics of measurement instruments with far greater detail than is possible with classical theory. Further, these measurement-error descriptions are sample invariant; this enables the researcher or practitioner to apply a measurement

procedure with individuals or samples different from the sample on which instrument performance indices were obtained without concern for altered instrument performance. Thus, practitioners and researchers can have much greater confidence in the performance and utility of their measurement procedures.

The sample invariance of item parameters also opens the possibility of social work researchers and practitioners using what is called "adaptive testing." Adaptive testing is a measurement procedure in which items are given to a respondent one at a time. Items presented subsequent to the first are dependent upon how the person responds to the previous item. Thus, respondents receive sets of items most appropriate to them as individual persons; each person will receive (usually) a different set of items that is optimally matched to the particular person. In this manner, more appropriate items are presented and far fewer items required to obtain precise measurement than is usually the case in applications of classical theory.[88]

The use of IRT also opens the possibility of developing instruments for specific purposes knowing in advance how they will perform. For example, suppose that an instrument is desired that will facilitate accurate classification decisions. This will require an instrument with a test-information curve that peaks right at the θ level marking the critical classification point. Items whose parameters are known with confidence can be used to build an instrument with the desired test-information curve; the performance characteristics of the instrument will be known in advance of its use.

The IRT offers a number of possibilities and advantages classical theory lacks. The research and development described in this article suggest that the two-parameter logistic model offers promise as a useful measurement model for instrument development. Further research and development needs to be done focusing on the application of IRT to social work measurement problems.

Notes

The use of the LOGIST software was made possible by and with the permission of Educational Testing Service, the owner of the copyright in the LOGIST software. The authors wish to express their appreciation to Educational Testing Service and to John R. Hills, Florida State University, for assistance in gaining access to LOGIST IV.

1. See, e.g., J. Nunnally, *Psychometric Theory* (New York: McGraw-Hill, 1978); E. Ghiselli, J. Campbell, and S. Zedeck, *Measurement Theory for the Behavioral Sciences* (San Francisco: W. H. Freeman, 1981); W. Hudson, "Development and Use of Indexes and Scales," in *Social Work Research and Evaluation*, 2d ed., ed. R. M. Grinnell, Jr. (Itasca, Ill.: Peacock, 1985); F. Kerlinger, *Foundations of Behavioral Research* (New York: Holt, Rinehart, & Winston, 1973).

2. Nunnally, p. 6.

3. W. Hudson, *The Clinical Measurement Package* (Homewood, Ill.: Dorsey, 1982).

4. M. Bloom and J. Fischer, *Evaluating Practice: Guidelines for the Accountable Professional* (Englewood Cliffs, N.J.: Prentice-Hall, 1982); K. Corcoran and J. Fischer, *Measurements*

for Clinical Practice (New York: Macmillan, 1987).

5. Grinnell.

6. Hudson, *The Clinical Measurement Package.*

7. J. Guilford, *Psychometric Methods,* 2d ed. (New York: McGraw-Hill, 1954); H. Gullickson, *Theory of Mental Tests* (New York: Wiley, 1950); C. Spearman, "The Proof and Measurement of the Association between Two Things," *American Journal of Psychology* 15 (1904): 72–101; L. Thurstone, *The Reliability and Validity of Tests* (Ann Arbor, Mich.: Edwards Bros., 1931).

8. R. Brennan, *Elements of Generalizability Theory* (Iowa City, Iowa: ACT Publications, 1983); L. Cronbach, H. Gleser, H. Nanda, and N. Rajaratnam, *The Dependability of Behavioral Measurements: Theory of Generalizability for Scores and Profiles* (New York: Wiley, 1972); R. Jackson, "Reliability of Mental Tests," *British Journal of Psychology* 29 (1939): 267–87; R. Tryon, "Reliability and Behavior Domain Validity: Reformulation and Historical Critique," *Psychological Bulletin* 54 (1957): 229–49.

9. Ghiselli, Campbell, and Zedeck.

10. Hudson, *The Clinical Measurement Package.*

11. Ghiselli, Campbell, and Zedeck.

12. This is easily applicable to a large number of social systems. The domain sampling model provides a conceptual system well suited to providing measurement descriptions of multi-indicator characteristics of social phenomena. Indeed, once understood, this model serves as an example of the claim that anything that exists can be measured (Bloom and Fischer [n. 4 above]). W. W. Hudson, "First Axioms of Treatment," *Social Work* 23 (1978): 65–66.

13. Ghiselli, Campbell, and Zedeck show how this assumption of an infinite number of indicators is not crucial to the domain sampling model, although it does make the mathematical development cleaner.

14. This assumes that each item is equally weighted as an indicator of the characteristic represented by the domain. Ghiselli, Campbell, and Zedeck (p. 221) note that sometimes the average of an individual's scores over an infinite number of parallel samples of items from the domain is used as the definition of true score in this model.

15. Some conceptualize the domain sampling model as being built on random samples of items from the domain. However, the domain sampling model is valid using a best sample of items available (Ghiselli, Campbell, and Zedeck). This is one of the advantages of the domain sampling model.

16. Ghiselli, Campbell, and Zedeck.

17. Nunnally (n. 1 above); Ghiselli, Campbell, and Zedeck.

18. Ibid.; Hudson, *The Clinical Measurement Package* (n. 3 above).

19. F. Lord and M. Novick, *Statistical Theories of Mental Test Scores* (Reading, Mass.: Addison-Wesley, 1968).

20. This formula is called the Kuder-Richardson Formula 20, or K-R 20 (Ghiselli, Campbell, and Zedeck).

21. Another way to interpret the domain sampling reliability coefficient is that it gives the correlation between the scores from a best sample of items from the domain and a hypothetical parallel sample. Nunnally; Ghiselli, Campbell, and Zedeck.

22. Ghiselli, Campbell, and Zedeck (n. 1 above).

23. Ibid.

24. The skewness, referred to as the "third moment" of a distribution, is an index of the symmetry of the distribution about its mean. The kurtosis, referred to as the "fourth moment" of a distribution, is an index of how peaked or flattened the distribution is. A skewness of 0 and a kurtosis of 3 are characteristics of a normal distribution. Gullickson (n. 7 above).

25. Gullickson.

26. The corrected item-total-score correlation is the correlation between scores on a given item, say item *i*, and the corrected total score on the entire scale. The corrected scale score is the score on the scale after item *i* has been removed from the scale.

27. A particular measurement instrument may work very well for the purpose for which it was developed. However, the same scale may work very poorly when used for some alternate purpose. Validity concerns how well the instrument performs the purpose for which it is being used in any given application. Nunnally; Ghiselli, Campbell, and Zedeck.

28 Nunnally (n 1 above), Ghiselli, Campbell, and Zedeck, Hudson, *The Clinical Measurement Package*

29 I Warm, "A Primer of Item Response Theory," Technical Report 941278 (National Technical Information Service, Springfield, Va, 1978), R Hambleton and H Swamanathan, *Item Response Theory* (Boston, Mass Kluwer-Nijhoff, 1985)

30 Ibid

31 Hambleton and Swamanathan, p 3

32 Ibid

33 Hudson, *The Clinical Measurement Package* (n 3 above)

34 J M Williams, *The Psychological Treatment of Depression* (New York Free Press, 1984), p 63.

35 Ibid., p 64

36 Hudson, *The Clinical Measurement Package*

37 Ibid

38 A "strictly monotonic function" is one which is always increasing along a given range, across this range, the values of the function *always* increase and *never* decrease The normal ogive and logistic functions are monotonic increasing functions It is important to note that this assumption does not concern distributions of either item or total scores on an instrument In fact, Lord and Novick (n 19 above) note that item-characteristic curves may be given by the normal ogive even if the trait measured is not normally distributed The normal ogive assumption concerns only the *shape* of the item-characteristic curve In practice, the logistic ogive is generally used in place of the normal ogive because of its mathematical tractibility and close approximation to the normal ogive Hambleton and Swamanathan (n 29 above), p 37 note that the normal ogive and logistic ogive differ at most by less than 01 at any point along the two curves

39 Warm (n 29 above)

40 Item-response theory is capable of handling these situations For example, an IRT model for use with polychotomously scored items has been developed (F Samejima, *A General Model for Free Response Data*, Psychometric Monograph no 18 [Williamsburg, Va College of William and Mary, 1972]) As this article was going to press, the authors learned of a new computer program called MULTILOG that handles this type of data It is available through Scientific Software

41 Warm, Hambleton and Swamanathan

42 There is also a three-parameter model This model uses not only the *a* and *b* parameters but also a *c* parameter called the "pseudoguessing" parameter It gives the probability of a person responding to an item with a "1" merely by *chance* Technically, it gives the lower asymptote of the item-characteristic curve In the two-parameter models, such as used in this research and development, the *c* parameter is set at 0, indicating the assumption that the probability is 0 of a person responding to an item with a "1" just by chance Item parameters, such as the *a* and *b* parameters in the two-parameter logistic model, are estimated for a set of items, from data collected over those items, by an iterative procedure This is done in such programs as LOGIST IV, which was used in this study. Technical details of this iterative procedure are discussed by M Wingersky, M Barton, and F Lord, in *LOGIST User's Guide* (Princeton, N J Educational Testing Service, 1982) Some of the mathematics of this process are discussed by Lord and Novick (chap 17) and Hambleton and Swamanathan

43. Lord and Novick, Warm; Hambleton and Swamanathan

44 Ibid

45 L Cook and D Eignor, "Practical Considerations regarding the Use of Item Response Theory to Equate Tests," in *Applications of Item Response Theory*, ed R K Hambleton (Vancouver Educational Research Institute of British Columbia, 1983)

46 Hambleton and Swamanathan

47 Ibid

48 For example, the program used in this research was LOGIST IV, available from Educational Testing Service, Princeton, N J A multidimensional IRT program, called MIRTE, is available from American College Testing, Iowa City Other programs for IRT analyses, such as ANCILLES and OGIVIA, are discussed in Warm and Hambleton and Swamanathan These programs also use iterative procedures to estimate theta values Different iterative procedures are used, depending on whether or not item parameter estimates are available for items used in the measurement procedure If

parameter estimates are available, then only subject's θ values will be estimated. If parameter estimates are not available, then both item parameters and subject's θ values are estimated from the same data by the iterative process.

49. Warm.

50. Hambleton and Swamanathan (n. 29 above).

51. Warm (n. 29 above), p. 59.

52. The two-parameter logistic model was used in this research for several reasons. First, several advantageous features of the two-parameter logistic models, described in the text, make it useful for practical application. Second, it is assumed that a person responding to the items on the instrument to be described will answer "1" (i.e., "yes") under two possible conditions: (*a*) she or he know for sure that the answer for them is "yes," or (*b*) she or he will respond with a "1" after deciding that it is "probably true" for her or him. It is assumed that no one will respond on a merely random basis. Hence, there was no need to use a three-parameter model with the pseudoguessing parameter.

53. Warm, p. 23.

54. Ibid.

55. Hambleton and Swamanathan, p. 67.

56. Ibid., p. 62; Lord and Novick (n. 19 above), p. 387.

57. Lord and Novick, p. 385.

58. Ibid.; Warm.

59. Hambleton and Swamanathan.

60. Ibid.

61. Warm (n. 29 above).

62. Ibid.; Hambleton and Swamanathan (n. 29 above).

63. Wingersky, Barton, and Lord (n. 42 above).

64. Warm.

65. Warm notes that some computer programs, such as LOGIST IV, as part of their iterative routines, compute the optimal item weights and use these in their estimates of θ. In the three-parameter models, the optimal weights change as a function of θ. Thus, in applications of the three-parameter model, optimal item weights could not, in general, be used in practical application of the raw scale metric because the person's θ value must be known in order to compute the optimal item weight value. In the two-parameter model, however, this difficulty is not as great as long as one already has accurate estimates of the item parameters. In this case, the optimal item weights can be used to produce a raw scale score for use in practical application. In these cases, the use of computer programs is not required after accurate item-parameter estimates are on hand.

66. Lord and Novick (n. 19 above), p. 401.

67. Ibid.; Warm.

68. Lord and Novick, p. 458.

69. Warm.

70. The DBCL may also be used as a clinician rating scale. In this application, the clinician (or a significant other) would rate the person's level of depression via the behavioral items. This is one of the reasons the items are behaviorally oriented. This use of the DBCL has not yet been empirically investigated.

71. The DBCL was developed by the authors using classical domain sampling guidelines for scale building. Such guidelines can be found in Nunnally (n. 1 above) and Ghiselli, Campbell, and Zedeck (n. 1 above).

72. Hudson, *The Clinical Measurement Package* (n. 3 above).

73. John R. Hills, Florida State University, personal communication, August 1988.

74. Warm (n. 29 above), p. 104; J. McBride and D. Weiss, "A Word Knowledge Item Pool for Adaptive Ability Measurement," Research Report no. 74-2 (Psychometric Methods Program, Dept. of Psychology, University of Minnesota at Minneapolis-St. Paul, 1974).

75. Hudson, *The Clinical Measurement Package*, writes, "an alpha coefficient of .90 or greater provides direct evidence to support the claim that a particular scale is a unidimensional measurement tool" (p. 85). Nunnally.

76. These results suggesting the unidimensionality of the DBCL are not necessarily strong. Further evidence supporting unidimensionality came from a content validity analysis of DBCL items by content experts. These persons judged all 29 DBCL items to belong to the "domain of depression." See Hambleton and Swamanathan (n. 29

above), pp 172–74, for a discussion of procedures empirically testing the assumption of unidimensionality

77 Hambleton and Swaminathan

78 John R Hills, Florida State University, personal communication, March 1989

79 Lord and Novick (n 19 above), p 385

80 Ibid , pp 387–92

81 F Samejima, "A Use of the Information Function in Tailored Testing," *Applied Psychological Measurement* 1 (1977) 233–47

82 Warm

83 Lord and Novick (n 19 above), p 389

84 Ibid , p 459 A graph or table can be prepared with the left-hand side of eq (11) in the text, from which one can read the maximum-likelihood estimate of θ that corresponds to each possible value of the optimally weighted DBCL score, W, given on the right-hand side of eq (11)

85 The lack of computer programs for performing IRT analyses of polychotomously scored items, such as are on the GCS, makes it impossible at this time to carry out an IRT analysis of the measurement characteristics of the GCS The findings of this study raise important questions about the measurement-error characteristics of the GCS, they demonstrate that the GCS (and other scales used in social work that have been built and evaluated using classical measurement theory) may have performance characteristics much different at different levels of the construct measured than given by the classical analyses These results should not be taken as empirical verification of this assertion, only as having raised the possibility

86 See Lord and Novick, pp 387–92

87 The invariance of item parameters over any sample of individuals from a defined population is a consequence of the theoretical base of item-response theory Lord and Novick write, "*Because of its definition, the item characteristic function necessarily remains invariant from one group of examinees to the next*" (emphasis in original, p 360) Since information is a function of the item-characteristic function (see eq [7]), the information characteristics of an instrument will also be sample invariant See Lord and Novick, chap 16

88 J Spineti and R Hambleton, "A Computer Simulation Study of Tailored Testing Strategies for Objective-based Instructional Programs," *Educational and Psychological Measurement* 37 (1977) 139–58

Metamodels, Models, and Basics: An Essay Review*

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It is now considered a sign of maturity and status to have and to practice one's own "model" of diagnosis and treatment. This idea is encouraged in our educational programs, where students are inspired to become "creative and autonomous practitioners." Hence competing treatment "models," "paradigms," and "approaches," proliferate and a confusing, chaotic state of affairs has emerged. Eleanor Reardon Tolson's *Metamodel and Clinical Social Work* offers a needed helping hand with which to negotiate this confusing terrain. It is an impressive and helpful contribution to practice theory and merits wide and critical consideration.

Following an exposition of the metamodel, Tolson presents its application in regard to several significant variables of the helping process, and in relation to research bearing on these variables. She gives an illustrative analysis of two cases in terms of the model. William Reid provides a chapter on "The Metamodel, Research, and Empirical Practice" (pp. 167–92), which explicates "empirical practice" in terms of the metamodel. In the final chapter, Tolson adds her impressions about applying the metamodel in her work with clients and in her teaching.

The book offers a twofold contribution: its "metamodel" conception and its review of research regarding the elements of the model. I will

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examine the nature of this model, its helpfulness and limitations, and then assess the research review. I find that the character of the model is different from the author's apparent intention, yet it is of distinct value.

The Features of the Metamodel

Tolson uses the term "metamodel" to mean "a model about models, or a model about directives for practice" (p. 5) and a structure for knowing, flexibly selecting, and using a range of treatment models. There is no claim to having developed a higher, more general-level model of practice, such as the ecosystems model. Nor is this an outline of criteria for a treatment model, by which one can judge whether a claimed "model" merits such a designation. Rather, Tolson provides a scheme for decision making by practitioners, based on research about practice, to assist in advancing the effectiveness of practice. The model also is intended to support the prevalent eclectic orientation of clinical practitioners. One objective of the book, which is well accomplished, is to identify important gaps in knowledge and research.

The structure of the metamodel consists of three major elements: decisions, options, and evidence. First are the decisions, regarding questions and issues concerning focus, goals, interventive strategies, and procedures. Second are options concerning potential procedures about which these decisions are made, such as the choice between directive and facilitative relationship activity. Third is the evidence for making decisions, which Tolson asserts should be based on available findings from empirical research.

In successive chapters, a variety of decisions, options, and research evidence is presented regarding interventive purpose, focus, objectives, procedures, relationships, structural variables (e.g., client preparation, contracts, time limits, task goals, and homework assignments), and whom to include in a treatment program. The scheme is applied by Tolson to most stages of the helping process, from assessment to evaluation, with the exception of intake and termination. Although there are no separate chapters on assessment and evaluation, such material is explicitly discussed in the chapter by Reid.

It is understood that of the many hundreds of decisions made by a social worker in the course of work with a case, only a few are considered in this exposition. The generalizations that emerge take on the form of practice principles. The application of the model in an analysis of two cases helps bring alive this kind of material.

This model calls for knowledge and skill that can implement the mission of social work, which is viewed as giving effective service primarily to "the disadvantaged and disenfranchised" (p. 12), through the alteration of social conditions, client characteristics, or both. Although

little research concerning the alteration of social conditions is presented. Tolson emphasizes the difference between research on psychotherapy and research on social work treatment where there is a preponderance of poor, disadvantaged clients.

The Metamodel as Model

The metamodel is essentially an outline for certain clinical case decisions. It is not a model in the sense of a theoretical framework, representing and encompassing a structure of explicit theories, concepts, principles, procedures, and processes of operation concerning some domain of practice As a modest kind of model, it is of evident helpfulness.

The importance given to decisions, options, and evidence for case activity is a needed corrective to the unsystematic, woolly-headed thinking done by many clinical social workers. The decisions, options, and evidence factors discussed are helpful for practitioners to know about and to consciously consider in case practice. For example, among the options for the choice of interventive procedures, there are treatment approaches aimed at altering personal characteristics, situational characteristics, or both, and which may be structured or unstructured in character. In the research cited, choices about effective approaches are found to be significantly related to the nature of specific problems and, to some extent, to characteristics of client functioning.

Tolson declares that, where problem-specific research findings are unavailable, "the choice of interventive approach is indicated by identifying the area of functioning that is to be changed and choosing between a structured or unstructured approach. The selection of area of functioning is guided by the case objectives and the preferred degree of structure is indicated by client characteristics" (p. 87). It is certainly helpful to have such a twofold prescriptive principle, even if it is limited by the availability of problem-specific research and of research about unstructured approaches.

Difficulties with the Model

A major difficulty with the scheme concerns a set of distinctions between "client-determined" and "explanatory" focus and between "outcome" and "explanatory" objectives. The term "explanatory" is used to mean that a focus or objective is based on a worker's, rather than a client's, theoretical rationale. The term "outcome objective" is used to mean end states sought by clients. Such well-intentioned distinctions derive from and are part of the task-centered model, which gives priority to client wants and stresses the importance of agreement between client and worker expectations, objectives, and actions.

However, the above concepts do not distinguish between behavior theory and practice theory, nor do they recognize that clients base their wants on their own behavior theories, which may be as valid or misguided as those of the social workers. This applies to the task-centered treatment model, which Tolson believes to be "atheoretical," but which is based on a definite theoretical rationale.[1]

Another difficulty with the model concerns the matter of "evidence." The only kind of evidence considered really valid is that of empirical research findings. The evidential findings reported in this book may be of solid, rigorous validity or they may be questionable, for example, where the results of one unreplicated study are accepted as true. Tolson does seem to accept that practitioners mostly depend on "common sense and clinical experience" (p. 10), yet she appears not to accept the practice wisdom that is available and that has demonstrated validity, for example, about how to do an initial interview or how to use authority constructively.

The matter of evidence relates to truth claims and the evidential validity of responsible clinical judgments. Here, we face a controversy over the validity of decisions based on empirical, objectivist research and those based on other kinds of evidence, for example, obtained through dialogical or hermeneutic inquiry. Much of the recent debate about research has been directed to epistemological concerns, without direct relation to the need for valid practice guidelines. It would be helpful, therefore, to have a review of the available theory and practice concerning the realities of clinical judgment and decision making, very little of which is based on research.[2] It would also help to have specific criteria for accepting practice principles and judgments made on the basis of nonresearch evidence, for example, that obtain in courts of law or as were discussed by Mary Richmond.[3]

Tolson's intention to provide a structure for knowing about, and flexibly drawing from, a range of treatment models is not fulfilled. Her discussion of the choice of a treatment focus clarifies the significant influence of a practitioner's theoretical orientation. She finds that, since no approach seems clearly more superior than others, the choice of a focus is usually determined by the practitioner's allegiance to a particular theoretical orientation (p. 15).

The theoretical approach almost exclusively applied and explicated in this model is task-centered treatment, to which Tolson and Reid are heavily committed. This approach is declared to be demonstrably effective and more effective than others for client continuance (p. 38). There is no explicit demonstration that the metamodel encourages the use of a range of treatment models. Although this is not considered, we do have, in social work, a metamodel in the form of an ecosystems paradigm that serves as a conceptual umbrella-type of framework, which embraces different theoretical orientations.[4] What is lacking,

though, are guidelines and an acceptable rationale for eclectic practice with criteria for the choice of particular techniques and procedure suitable for specific problem-person-situation configurations.

Tolson, with Reid, presents the metamodel as an empirical mode of practice. Reid (p. 169) defines "empirical practice" as based on an "identification and selection of research-based knowledge," and "th application of scientific methods in work with clients." Both featur the single-subject research design for assessment and evaluation op erations.

The concerted push to turn clinical social work into a single-subjec research enterprise has been and will continue to be a failure. As Rei (p. 170) admits, "research-linked methods are more readily discusse than applied." Clinicians will continue to reject a conception of treatmen as a research enterprise.[5] I accept the fact that some clinical work ca be done utilizing explicit measuring instruments, including compute ized ones, and in ways that yield data for specific research purpose I also accept the need to consider validated research findings wher available and relevant to practice purposes. But let us not return t the time when extensive, detailed process recording was prescribe for everyone so that, in part, it could somehow serve unknown researc purposes. Treatment evaluation by practitioners is, and should remai a practice rather than a research activity. Although practice and scienc are different pursuits with different purposes and functions, they hav commonalities that enable us to aim for practice as a scientific art

The Research Review

Tolson presents a comprehensive and valuable review of researc evidence for the effectiveness of certain procedures within the helpin process. This material is thoughtfully discussed, with respect to th limitations and qualifications of research findings and with the use o helpful case illustrations. For example, the statement that "the evi dence seems to support client-determined foci in most cases" (p. 49) carries with it a recognition that many social work clients are unabl to formulate their problems. Although there are repeated statemen that the empirical research evidence is lacking and that particula practice issues need investigation, a small but significant body of researc findings is identified. Tolson helpfully states a number of these finding in propositional form so the they constitute technical practice principle Such translation of research findings into explicit practice principles together with criteria for their use, will facilitate practitioner acceptanc and application.

The restriction of the research review and the model to "empirical scientific" research findings, and by default to quantitative, experiment research, is bothersome in two ways. First, as indicated above, ther

is a body of practice wisdom, some of which is tested, replicated, and validated in public, consensual ways, that may be considered "scientific" and that is validly evidential in terms of generally accepted professional practice. Second, one questions the conception of what is "empirical." Clinical reasoning, tacit and empathic knowing, subjective and intersubjective processes, can be as real, observable, and reportable as quantitatively measured phenomena.[6] Clinical research does provide data as empirical, true, and significant as controlled group studies.[7]

It is good to see the current trend toward the legitimation of qualitative social work research about treatment process and change. It is also more accepted that social work research can make better moral sense and be more congruent with humanistic social work values.[8] Social work research now can use qualitative, phenomenological, hermeneutic, and dialogical methods as well as quantitative measures. It can apprehend clinical, intuitive, tacit, and intersubjective kinds of thinking, knowing, and meaning and have regard for and deal with the art and aesthetics of clinical social work.

Returning to Basics

It is of interest that many of the findings of Tolson's research review are similar to those identified by Videka-Sherman in her review of research on clinical social work practice in the mental health field.[9] Such common findings include the general significance for treatment effectiveness of time-limited and structured intervention, client preparation, and the use of homework assignments. However few in number, along with generalizations from prior research reviews, these results lead to the recognition that they deal with very basic factors in the helping process: assessment, relationship, focus, planning, contract, intervention, and evaluation.

In dealing with these basic factors, the metamodel is better understood as part of a basic or core model for clinical social work. The model itself includes a systemic, problem-person-situation approach to helping people with social functioning problems. The content of decisions, options, and evidence addresses social work task functions and expresses social work values. The knowledge and methodic, procedural skills involved are generic and applicable across the practice fields of clinical social work. The formulations of practice principles provide a set of directives for specific helping activities to be used by practitioners in the context of their individual, personal styles. A variety of treatment models—psychosocial, behaviorist, cognitive, existentialist, and so on—can be placed upon this base.

This book is highly recommended. With consideration for its conceptual difficulties, it should be very useful for advanced courses in clinical social work practice, research, and practice theory. We can

expect that Tolson's conception, as part of a basic model for clinical social work, will, in time, be further developed to more fully serve its purposes. The present achievement brings the vision of social work practice as a scientific art closer to realization.

Notes

* This is a review of Eleanor Reardon Tolson, *The Metamodel and Clinical Social Work* (New York: Columbia University Press, 1988), 247 pp., $27.50.

1. William J. Reid, *The Task-centered System* (New York: Columbia University Press, 1978), pp. 12–112.

2. Paula S. Nurius, Marilyn Wedenoja, and Tony Tripodi, "Prescriptions, Proscriptions, and Generalization in Social Work Direct Practice Literature," *Social Casework* 68 (December 1987): 589–96.

3. Mary E. Richmond, *Social Diagnosis* (New York: Russell Sage, 1917), pp. 38–100.

4. Carel B. Germain, "An Ecological Perspective in Social Casework," *Social Casework* 54 (1973): 323–30; Carol Meyer, ed., *Clinical Social Work in an Ecological Perspective* (New York: Columbia University Press, 1983); Max Siporin, "Ecological Systems Theory in Social Work," *Journal of Sociology and Social Welfare* 7 (1980): 507–32.

5. Max Siporin, "Current Social Work Perspectives on Clinical Practice," *Clinical Social Work Journal* 13, no. 3 (Fall 1987): 198–217, discusses this controversy between the social work scientists and clinical artists and the need to keep distinct the evaluation procedures of practice from those of research.

6. For a discussion of the objectivity of tacit knowing and of the reality of what is tacitly known, see Michael Polanyi, *The Tacit Dimension* (London: Routledge & Kegan Paul, 1966). See also, on objectivity and certainty in perception and knowing: Karl H. Popper, *Objective Knowledge* (New York: Oxford University Press, 1972); Richard J. Bernstein, *Beyond Objectivism and Relativism* (Philadelphia: University of Pennsylvania Press, 1983); Marcus G. Raskin, Herbert J. Bernstein, et al., *New Ways of Knowing* (Totowa, N.J.: Rowman & Littlefield, 1987).

7. See, e.g., various discussions on this point in David N. Berg and Kenwyn K. Smith, eds., *Exploring Clinical Methods for Social Research* (Beverly Hills, Calif.: Sage, 1985). Fine illustrations of qualitative and quantitative clinical research are given by Edna Adelson, "Encounters with Reality," in *Psychosocial Studies*, ed. Phyllis Caroff and Mary I. Gottesfeld (New York: Gardner Press, 1987), pp. 133–47, and by Edmund Sherman, "Reminiscence Groups for Community Elderly," *Gerontologist* 27, no. 5 (1987): 569–72.

8. On such a humanistic scientific approach, see: Martha B. Heineman-Pieper, "The Future of Social Work Research," *Social Work Research and Abstracts* 21, no. 4 (1985): 3–11; Howard Goldstein, "Toward the Integration of Theory and Practice: A Humanistic Approach," *Social Work* 31 (1986): 352–57; Edmund Sherman, "Hermeneutics, Human Science, and Social Work," *Social Thought* 13 (1987): 34–41; Stanley Witkin, "Toward a Scientific Social Work," *Journal of Social Service Research* (in press).

9. Lynn Videka-Sherman, "Metaanalysis of Research on Social Work Practice in Mental Health," *Social Work* 33 (July–August 1988): 325–38.

Book Reviews

Social Work with Older People. By Betsy Ledbetter Hancock. Englewood Cliffs, N.J.: Prentice-Hall, 1987. Pp. 280. $29.95 (cloth).

Today, more Americans are living into older age than ever before. Currently, 11.8 percent of the American population is 65 and older, compared to 4.3 percent in 1910. This figure is expected to rise to 18 percent by the year 2000. The 85-and-older group has quadrupled since 1950 and continues to be the fastest-growing segment of the population. As increasing numbers of people live to advanced old age, demands for a variety of social and health services are also expected to increase. Social workers, who did not necessarily plan to do so, will find themselves working with elderly clients and their families around aging-related issues. They will need specific knowledge about the health aspects of aging and the concomitant implications for practice.

Social Work with Older People is a work much needed to prepare students for the implications of this dramatic demographic shift as well as to provide needed information to currently practicing social workers. The strength of this book is not only its review of current literature on aging but also its exploration of the role to be played by social work in the context of this knowledge. In attempting to provide a framework for social work practice with the elderly, Hancock's major objectives are to dispel the myths and stereotypes associated with old age, to recognize the diversity of this aging population, and to emphasize the need to acknowledge and understand aging-related health concerns. She suggests that with this knowledge the social worker will be better equipped to intervene with older people both preventively and therapeutically.

In part 1 of a four-part book, the author introduces various myths, generalizations, and misconceptions that she discusses with the research findings that disprove them. A particularly important theme is the importance of knowing both a person's culture and his or her history in order to formulate an accurate assessment. The context of the times during which older people grew up and the changes that affected their lives provide necessary information for practice. Hancock tells us that "it may be difficult for generations born in more emotion-sensitive times to understand the reticence that may be displayed by many older men and women whose youth was spent in a much more restricted environment. Less verbal access to feelings may require social workers to place more emphasis on interpretation of the client's actions and nonverbal

messages than with younger clients" (p 16) With discussions such as these the reader's understanding of and empathy toward older people is enhanced

Part 2 describes physical, cognitive, and psychological conditions that may have an impact on the functioning of the older person. Throughout, the author highlights the importance of social work intervention in relation to these conditions. In fact, what makes part 2 so important are the discussions of the psychosocial aspects of disease states and the identification of the practice applications of this knowledge This is vital information for social work practice with the elderly and with their families However, these discussions are uneven in the thoroughness with which the subject matter is covered. Some are very complete in formulating a model for practice, while others leave the reader wanting and needing more information.

The author does identify several important considerations of practitioners involved in service to the elderly She discusses the importance of doing a functional assessment of the individual and his or her family which includes knowledge of the pre-illness state, the fact that one's work should include work with families, particularly when dealing with irreversible conditions such as Alzheimer's disease; the knowledge that many physical and mental conditions can be prevented or reversed, that the elderly are often underserved or "fall through the cracks" of traditional mental health settings, and, perhaps most important, that social workers have a role to play in ameliorating these problems

Part 3 addresses social work with people in institutions, specifically in hospitals and nursing homes This section includes a discussion of Medicare, Medicaid, and the impact of Diagnostic Related Groups (DRGs) on the current health care environment. The role social workers need to play in helping clients and their families utilize the services of the institution and the importance of helping clients and their families develop appropriate discharge plans are highlighted

The fourth and last section of the book is important from both policy and direct practice perspectives because it focuses on the measures necessary to enable older people to remain active and independent in the community. The majority of our older population currently resides in the community and, for most people, remaining independent in their own home continues to be the optimal life-style choice Attention is given to a variety of topics to be considered when an older person's functioning is assessed for baseline information and for the development of preventive measures that minimize deterioration The goal of these preventive measures is to foster integrity in old age Among topics treated are nutrition, medication, sleep, exercise, and sexuality The age-stage losses and potential problems related to retirement, bereavement, and dependency which may result in caregiver stress and, in the extreme case, elder abuse, are also identified Hancock discusses the services appropriate and available to the elderly from the perspective of government, private, and public resources Her examples are not limited to the provision of traditional social services but include such supports as home repair services and transportation, which may be critical to maintaining the elderly in the community Considering the increase in the numbers of frail and impaired elderly remaining in the community, her discussion of legal issues such as trusts, payeeship, and guardianship related to protective services is an important one for the field of social work in general.

Overall, this is a book that synthesizes gerontological knowledge and social work thinking and practice. It captures the essence of viewing the elderly with optimism and recognizes that they are capable of both motivation and change It outlines the social work role as including counselor, planner, educator,

consultant, broker, and advocate while maintaining the fundamental social work premise of viewing the person in situation

A major problem with the book, however, is that the author loses the reader at times in too much detail. The case examples integrate the major points and counteract this problem The author's wish to develop a textbook that focuses on the health aspects of the elderly is an ambitious one that she successfully accomplishes in a thought-provoking manner. Because of the focus on health issues, this book can best be characterized as an adjunct to other social work and gerontological literature Nonetheless, it is a timely and useful addition to the body of fundamental practice knowledge for social work with older people.

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Brief Therapy: Short-Term Psychodynamic Intervention. By Gregory P Bauer and Joseph C Kobos Northvale, N.J Jason Aronson, 1987. Pp 312. $30 00

This is a careful and orderly exposition of short-term or brief treatment within the psychodynamic genre. On the surface, the book appears simple but that impression is not correct These authors have done an excellent job of pinning down and describing psychoanalytically based psychotherapy in operational terms, with little unnecessarily incomprehensible muddle The approach described is firmly in the domain of uncovering, insight-producing resolution of intrapsychic conflict; but it includes, as an integral part, the solving of psychological problems experienced in the here and now

The first two chapters review the historical foundations and key contributions to psychodynamic brief therapy This review is interesting and succinct and adequately covers all the high points quickly and understandably but without elaboration, summarizing the diverse features of the more prominent approaches Four chapters follow that describe and discuss the nature of assessment and selection of patients, identifying the appropriate therapist activity level, maintaining focus, managing the therapeutic alliance, and analysis of resistance Almost one-fourth of the book is devoted to the use of the transference. This amount of space is not unwarranted in view of the importance ascribed to transference in classical psychodynamic work and in view of how difficult this concept is to apply for practitioners learning brief psychodynamic therapy The treatment given the subject by these authors is clear and straightforward—a novelty Termination is given thorough coverage, a welcome contribution since this is also a puzzle for psychodynamically trained therapists wishing to convert to brief treatment

This is one of many recent books on brief therapy Renewal of attention to the subject has been sparked by concerns for cost-effectiveness and the interest of researchers and scholars in developing theory and technique applicable to a wide variety of treatments.[1] Its chief value is as an overview for anyone unfamiliar with the subject who wants a reliable guide for a quick study The book is valuable as a basic text for a course in brief psychodynamically oriented psychotherapy. However, it cannot stand by itself and needs augmentation from other texts.

The book does well what it has set out to do. However, it fails to deal with some matters important to psychotherapists and especially to social workers There is a remarkable lack of references to research that is, by this time, abundant (though not definitive) The authors seem satisfied to abstract practice principles from the literature (and probably their own practice experience) and base their claims to effectiveness on precepts drawn from traditional psychoanalytic theory. The authors' views on the here-and-now focus and on incorporating problem-solving concepts into the model are similar to current developments across most modern approaches, including psychodynamic approaches.

However, the authors do not discuss the relationship of their model to types of open-ended treatment also available to patients selected for brief treatment, that is, to intelligent, capable, and motivated patients afflicted with internal psychological problems Reading this book and similar works, one could easily infer that structured, focused, transference-centered, brief treatments of underlying conflict and personality structure can and should be a good substitute for conventional psychoanalysis. The implication is inescapable that brief and long-term treatment do the same thing If the brief version is so much faster and less expensive and just as good, why persist in long-term treatments? How should one try to distinguish between those who get brief and those who get conventional treatment? How are we to manage deeply held beliefs in the high value of taking time (and money) to build relationships, to build client-practitioner trust, to amply work through the many aspects of psychological conflict toward thorough understanding, toward insight, and so forth? This issue is a major concern of practitioners who are contemplating doing brief therapy Bauer and Kobos do not deal with such questions.

The authors also offer scant discussion of supportive (as distinct from uncovering) psychotherapy—actually four and one-third pages This discussion is confusing since it does not appear that their book applies to supportive treatment Yet they do offer a few suggestions about handling the transference differently in supportive work (emphasizing the reality aspects rather than the derivatives of the past brought into the present) Also, the problem-solving component is described in a skimpy way The authors state that it consists only of learning self-examination, on the assumption that this is a real means to reduce conflict and facilitate adaptive behavior

Appropriate candidates for the Bauer and Kobos approach are those who are motivated, psychologically minded, have strong egos, have already minimally satisfying interpersonal relationships, give a good response to early or trial uncovering work, and are actively involved in focus development Social workers and other therapists must deal with people who are not appropriate candidates for the Bauer and Kobos approach, for example, people who have not had the nurture, education, and economic and social advantages likely to produce the typical capable and well-motivated patient Social workers also help people who have been injured by illness, drugs, and severe economic, social, and familial distress, who have been discriminated against and prevented from attaining appropriate social functioning, who live in a real and threatening environment.

The fact is that most treatment, regardless of approach, is brief—for reasons of expediency, client preference, and cost. (The exceptions are clients who are maintained in long-term care because of legal mandate, public opinion, and custom.) There is a fairly high degree of consensus among brief treatment models as to common ingredients: sequences are timed, problems are defined at the start; goals are specific, interviewing is focused and present centered, interview style is active and direct; rapid, early assessment is the mode; problem

solving is often a central feature and is structured and systematic. These commonalities tend to be present in all approaches to brief treatment, although there are different emphases and interpretations. Contemporary research indicates that these common features also are characteristic of effective practice, although there continues to be a need for well-focused research to clarify this topic.

The Bauer and Kobos work satisfies a desire expressed often by practitioners for a good introduction to psychodynamic brief therapy. At the same time, however, this book is not applicable to most social work practice because of the severe restrictions on the kinds of clients that are appropriate for the model. Social workers will have to find guidelines for brief treatment with a broader group of clients from approaches that have been developed by social workers themselves: the task-centered/problem-solving approaches. These need continuing adaptation, development, and research to make them maximally useful. These approaches can be articulated with ecological, cognitive, and behavioral approaches that are attractive to many social workers.

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Note

1. See, e.g., Simon Budman, ed., *Forms of Brief Therapy* (New York: Guilford, 1981); Simon Budman and Alan S. Gurman, eds., *Theory and Practice of Brief Therapy* (New York: Guilford, 1988); Habib Davanloo, *Short-Term Dynamic Psychotherapy* (New York: Jason Aronson, 1980); James A. Mann, *A Casebook of Time-limited Psychotherapy* (New York: McGraw-Hill, 1985); Peter Sifneos, *Short-Term Dynamic Psychotherapy* (New York: Plenum, 1987); Hans Strupp and Jeffrey Binder, *Psychotherapy in a New Key* (New York: Basic, 1984).

The Responsive Workplace: Employers and a Changing Labor Force. By Sheila B. Kamerman and Alfred J. Kahn. New York: Columbia University Press, 1987. Pp. xi+329. $30.00.

The Responsive Workplace examines how employers are adjusting to the increased number of workers with child-care responsibilities. Kamerman and Kahn draw on extensive interviews with large and small employers, union leaders, and human resource specialists to illustrate the challenges facing working parents and the ways in which personnel practices can support or undercut efforts to meet the dual responsibilities of work and home.

Information about responsiveness in large companies is based on 75–100 interviews at each of six large companies. In addition, the authors draw on a number of earlier interviews (1980–81) with 15 other companies.

Securing information about small employers presented a different challenge. Despite the fact that it employs two-fifths of the labor force, studies often overlook this group because of logistical difficulties. To address this gap in the literature, Kamerman and Kahn developed a door-to-door survey down the "Main Streets" of two communities. These 250 interviews form the basis of a unique view of small businesses—one that offers a useful contrast to the description of the more bureaucratic responses that characterize large companies.

Kamerman and Kahn touch on areas other than child care (e.g., care of elderly parents and health insurance). There is a brief discussion of employee-assistance plans and a description of a flexible benefit plan (a "cafeteria" plan permitting the participant to choose among different benefits). Most of the attention, however, is to topics such as preschool child care, time off to care for a sick child, and flexibility in regular work schedules.

In addition to their presentation and analysis of the case material, the authors' integration of the literature on labor force demographics (chap. 1), employee benefits (chap. 2), and child care (chap. 7) provides an excellent summary for the reader who is new to the field. Another contribution of this book is the authors' pragmatic and objective treatment of issues that are often emotionally and politically charged. Although they obviously support greater responsiveness to family needs, Kamerman and Kahn avoid exaggerating the payoffs. For example, while documenting the contributions of workplace child care, they point out that evidence of productivity gains has yet to emerge. As a counterpoint, however, they note that there is little evidence of productivity improvement for many other personnel practices, such as executive training programs.

In a similar vein, the authors point out that full-time child care is directly relevant only to the 20 percent of the work force who have preschool children. While this is a sizable portion of the work force, it is "not necessarily dominant" in the programming decisions of employers (p. 27).

Policies that acknowledge familial needs have become fashionable in management circles. But Kamerman and Kahn note that "the 'bottom line' is personnel attraction and retention" (p. 258). Thus, hospitals competing for nurses have become the largest providers of employee child care. With the combination of a predominantly female work force and difficult work schedules, child-care programs have become an essential part of the personnel repertoire.

For other employment settings, however, the centrality of child care may be more questionable. The authors cite research that suggests that workers distinguish between critical factors in a job (things "they would work harder for") and other aspects that make a job "more agreeable" (p. 19). Good pay, job security, interesting work, and opportunities for advancement fit into the former group. Employer "responsiveness" tends to fall into the latter category.

One theme that emerges from the case studies of both the large and the small firms is the extent to which discretionary power influences the realities of "responsiveness." Workplace support of family responsibilities is often a function of how the rules are applied. For example, a company policy may permit the use of personal days off, "work load permitting." The authors report that differential application of this policy can be a significant source of tension between supervisors and employees (p. 66).

In small firms, the extent of discretionary control is even greater. Policies are often informal, unwritten, and individually applied. Kamerman and Kahn provide a number of examples of such arrangements. An owner of a laundry reports that he pays for occasional sick days. If a worker is out more than a couple of days, he pays a little extra to the other workers (who must work harder because they are shorthanded) and pays the balance as sick pay. But the application of this "policy" may vary. The owner notes that he would not do it "if it happened too often" (p. 134).

On the positive side, the informality of small businesses often may counterbalance the low pay and poor benefits that are characteristic of such employment. For some employees, the proximity to home and the informality of the setting are important in the light of family responsibilities.

The case material provides a rich background for understanding the nature of workplace responsiveness. Although it is difficult to assess the extent to

which these cases represent the range of corporate approaches, they offer realistic portraits of workplace structures and the ways in which they can support or undermine attempts to balance home and work responsibilities

The theme of employer "responsiveness" is important in understanding and predicting future adjustments to a changing work force Employers are not changing because of some new moral imperative Rather, they are responding to the practical demands of attracting and retaining needed employees This provides a firm basis for change, but it also limits the applications to those situations in which there are economic reasons for being more responsive. While attitudes evolve concerning what constitutes appropriate roles of employers, systematic change will be driven by the extent to which employers see the need for such change. There is no market mechanism that will ensure that "responsiveness" is available for those who most need it In fact, the expansion of employee benefits has followed the opposite course those with the greatest need (marginal workers with low pay) are the least likely to be covered.

The differential application of employer responsiveness raises basic questions of public policy. Kamerman and Kahn discuss employer programs within the broader context of the trend toward "privatization" of social welfare We have recently witnessed an extension of federal regulatory policy in such areas as advance notification of plant closings. Other legislative initiatives have been undertaken on the state level in areas such as child care, the employment rights of pregnant women, and health insurance Whether legislation will expand to support other aspects of family responsibilities is an open question

The Responsive Workplace adds an important dimension to the discussion of social welfare. It builds upon Titmuss's view of the "social division of welfare," providing original research on employer practices and integrating the literature in several areas relevant to "occupational welfare." It also suggests the need for continuing research on related areas such as the implications of an aging work force and the impact of changing employee benefit structures While the book holds few surprises for the analyst, it offers the student and the practitioner a very useful resource on family-related employment practices, and it provides the scholar with a model for exploration of other areas of employer responsiveness

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Trapped Woman: Catch-22 in Deviance and Control. Edited by Josefina Figueira-McDonough and Rosemary Sarri Newbury Park, Calif.: Sage Publications, 1987. Pp 459. $16.95 (paper)

Social work has never been remiss in attending to societal forces that affect our clients. We have long been clear about and proud of our awareness of the person-in-environment concept. We educate our students not only to know the impact society has on individuals but also to work to change social policies and societal attitudes that are harmful to clients In the past few decades, feminist scholars in social work and related fields have criticized the limitations of this stance because, until recently, we have not seen clearly the particular impact of sex bias on women. In view of the fact that women are the majority of social work clients, this has been a major drawback of our scholarship and services.

Trapped Woman is part of this recent scholarship that compels us to question long-standing assumptions about women and thereby to see how society has created or intensified the problems women face. Josefina Figueira-McDonough and Rosemary Sarri make a considerable contribution to this new scholarship by using the concepts of deviance and control to understand women's problems more fully and to see the solutions to them more clearly

Similar to the impact of social forces, deviance and control have also been a long-standing part of social work's understanding of client problems. This book, however, views those concepts through a gender lens. The major theme of this collection of essays is the compelling argument that, when women do not meet societal expectations, when they are not married, at home with children, supported by a husband, and caring for their family, they are considered deviant, and the consequences for that deviance are negative and impressive

Figueira-McDonough and Sarri make that case effectively by organizing their book around a series of rights—personal rights of reproduction, occupational choice, and caregiving; economic rights in the workplace and for welfare benefits, social rights in health and education, and political and legal rights. They and their contributors document how formal and informal systems of deviance control affect these rights, how they "limit [women's] opportunities and perpetuate the existing stratification system" (p 22)

A few examples will illustrate the book's major thesis. Fox and Allen make the point that this country does not have a national child-care policy because we consider the woman at work as deviant, current proportions of women in the work force notwithstanding. We do not relieve women of their caretaking responsibilities for elderly or frail relatives or acknowledge the monetary value of that work (Hooyman and Ryan) because women who claim such rights are considered deviant We do not afford women rights of protection or safety when they have been battered (Carlson) because we consider them responsible for the mental health and behavior of family members. Zinn argues that society abhors persons who are "welfare dependents" but we assume that women and their children will always be dependent persons, dependent on the male head of household Of course, again in the face of the demographics, we consider the single mother deviant and provide few resources to make her life manageable We compound the problem by attributing "the problems of these families to their structure rather than to their overwhelming lack of resources" (p 128) We define mental illness in such a way that when "individuals behave too much like the exaggerated appropriate stereotype for their gender, they meet criteria for psychiatric disorders" (p 351), that is, the aggressive, abusive man, the passive, depressed woman Rothblum and Franks make the point that society is so convinced that marriage is the only desirable state for women that, despite the evidence to the contrary, we do not want to acknowledge that "deviants," for example, lesbians and unmarried women, are, in fact, mentally healthier than their married counterparts. Through these and other examples the themes of deviance and control are argued forcefully and their effects documented carefully. These few examples do not do justice to the wide-ranging issues covered by the editors and their contributors

Another parallel theme in the book is the many "Catch-22s" women face, in which "they are declared deviant and subject to further deprivation and social control" (p 441). If they are battered, women are considered deviant, if not actually held responsible for the abuse, but they are seen as violating marriage vows if they report their partner, and considered as mentally unhealthy if they do nothing about their situation As noted above, women are not supposed to be dependent on the state, but it is expected that they will be dependent on their husbands. When women are required to be in the workplace

to supplement a husband's income or to support their children, they are caught in the dilemma of where they are really supposed to be —at home or at work

Figueira-McDonough and Sarri's analysis of solutions to these many problems echoes assertions in earlier chapters of the book that attempting to change social norms is an overwhelming problem Girls are not supposed to think of their future life in which work goals are placed ahead of marriage and family (Bush on education), there is a harder political fight when role change is involved, for example, changing the role of wife and mother, than in advancing equity, for example, extension to women of credit rights enjoyed by others in society (Palley on political rights) However, the editors also make the potentially optimistic case that definitions of deviance are not inherently stable but can change with the times

Although Figueira-McDonough and Sarri offer, in the final summary, astute comments about the political possibilities for change, the value of the book is in the clarity of the analysis of women's social and individual problems The content is not all new material, but presenting the issue in terms of women's rights strengthens the recognition of the social injustice that results from social norms about the place women hold in the family and in society When practitioners and academics fail to make this recognition they contribute to this social injustice

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Regulating the Lives of Women: Social Welfare Policy from Colonial Times to the Present. By Mimi Abramovitz Boston South End Press, 1988 Pp 406 $15.00 (paper)

With the publication of this excellent book, a major contribution has been made to the relatively sparse but growing feminist analyses of social welfare policies in the United States At a basic level, a feminist analysis ends the invisibility of women and brings the experiences of women into view More crucially, a feminist analysis recognizes the necessity of utilizing gender as a major organizing category when attempting to understand social phenomena This book accomplishes both goals extremely well

Building on socialist-feminist analyses of the welfare state, the primary thesis of this book is that social welfare policies in the United States historically have served the purpose of promoting and maintaining a family ethic, based on the dominant ideology of women's "proper" family and work roles as defined by a patriarchal society and the needs of capitalism In a manner parallel to the designation of the poor as deserving or undeserving based on their adherence to the work ethic, social welfare policies and programs have treated, and continue to treat, women as deserving or undeserving of assistance based on their adherence to the family ethic, and therefore serve a regulatory function in women's lives

An impressive achievement of this work is that it not only provides a feminist theoretical framework for understanding the relationships between recent welfare policies and the lives of various groups of women but it also traces the emergence and evolution of welfare policies and programs since colonial

times, thus documenting the consistency with which women's expected family and work roles have been structured and managed by welfare policy over time. Most important, in each chapter, the book relates various social welfare policies and programs to the lives of black and poor women, thus not implying that the experiences of all women were the same as those of white, middle-class women. However, an acknowledged weakness of the book is the absence of other women of color from this analysis. A thorough understanding of the interplay of gender, race, and class dynamics is perhaps the greatest challenge facing feminist studies today, and this book certainly contributes to that effort in the area of social welfare policy.

After a brief but adequate description of liberal and Marxist political theories of the welfare state and liberal and radical feminist responses, socialist-feminist theory and its perspectives on the welfare state are presented more thoroughly. In separate chapters, the remainder of the book traces the history of social welfare from colonial America through the rise of industrialism and the nineteenth century, the Progressive era, the Great Depression, the emergence of the modern welfare state, and the Reagan era. For each historic period, the ways in which the family ethic of the time was enforced by rewarding those women in compliance and punishing those women who were not is explained and elaborately documented. In addition, the ways in which the welfare state, since the early nineteenth century, has mediated the conflicting needs of capital for women's free domestic and low-wage market labor and has restored patriarchal authority when it was threatened are clearly delineated.

The book focuses extensively on three cash-assistance programs (old age insurance, unemployment insurance, and Aid to Families with Dependent Children) that emerged from the 1935 Social Security Act. The selection of these programs for special emphasis was wise because of their historical prominence and because of their clear relevance to the family roles and work lives of women. These chapters provide a strong model to use when analyzing other social welfare policies and programs from a similar perspective.

In addition to its original contribution to social welfare scholarship, this book is invaluable in terms of its extensive and well-documented references to the work of others and will prove to be an excellent resource. While the progression of the main themes is important and each chapter follows smoothly from the previous ones, the book is written in such a way that it is possible, if necessary, to read individual chapters about a particular time period or discrete policy area, such as AFDC, and understand the analysis presented, assuming the basic premise of the book is understood. This might be particularly useful in the classroom, although the entire book is highly recommended for use as a text and could be understood by students with varying backgrounds in social welfare policy and history.

The book concludes with brief, undeveloped recommendations for change related to the elimination of the family ethic from social welfare policy, to reforms of the three cash-assistance programs most thoroughly analyzed in the book, and to broader social reforms. While presenting ideas seen before and obviously not intending a thorough discussion of various options, the conclusions point in directions that must be pursued by those committed to changing the numerous welfare-state policies that continue to enforce the family ethic while inadequately and inequitably supporting women.

This outstanding contribution to social welfare and feminist scholarship should be read by social work and women's studies educators and students, social welfare policy analysts and legislators, and social workers who, in one way or another, constantly deal with the negative effects of the regulation of

women's lives by current social welfare policies and programs. There is little doubt that, with the passage of time, Abramovitz's book will come to be seen as a highly influential and important work in the social welfare literature.

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Families in Distress: Public, Private and Civic Responsibilities. By Malcolm Bush. Berkeley and Los Angeles: University of California Press, 1988. Pp. xv+350. $35.00 (cloth).

That public and voluntary child welfare agencies are not responsive to the needs of the children and families they serve is the central thesis of this book. Clients are not involved in defining problems and in selecting strategies for problem solving, and there is no civic participation, that is, actions by concerned citizens on behalf of the distressed. As a result, bureaucrats and professional helpers are free to define problems and to choose interventions in ways that do not always directly address client need.

Bush argues that the distinction between public and private agencies is more illusory than real, due largely to the fiscal dependence of the latter on the former. Both, he suggests, have distanced themselves from those they serve by molding client problems to fit organizational structures. By ignoring problems of discrimination and poverty in favor of professional theories of personality, problems are robbed of their context and the profession's ability to help is reduced.

The book begins with a historical account of "public, private and civic helping in child welfare" (chap. 1), followed by a review of the role of the private sector (chap. 2). The next four chapters are organized around the concepts of responsiveness (chap. 3), fairness (chaps. 4 and 5), and quality (chap. 6). These chapters include (1) an abstract discussion of the concepts that frame them, (2) historical accounts of the public response to child abuse and racial discrimination, and (3) a contemporary account of racial discrimination. The role of the public sector is mentioned in all four chapters. Programs that presumably reflect correct responses to client need are considered, including nineteenth-century settlement houses and twentieth-century innovations in black adoptions. Contemporary neighborhood programs are discussed (chap. 5). The difficulties in measuring program outcomes are considered (chap. 6), poverty statistics are presented (chap. 7), and social work theories of human behavior that guide intervention are reviewed (chap. 8). In the last chapter, the author returns to his thesis of involving clients and the public in the debate about appropriate strategies for helping.

The structure and content of this book are more a series of essays on selected topics and issues (the role of the private sector, poverty, social-work theories, the difficulties in measuring program effectiveness), than a logical and coherent argument for involving clients and the general public in welfare issues. I had continually to remind myself of the author's central thesis and to create a fit between the material presented and that thesis.

The strength of this book lies in its historical account of helping. However, there are two main weaknesses to Bush's argument for increasing the involvement of clients and the general public. First is the assumption that the general public has any interest in debating matters that concern poor families and

families that abuse and neglect their children. Equally tenable is the suggestion that the public is content to leave these matters to others. The author presents no contemporary evidence to support a suggestion of general public interest. The examples of citizen participation that are presented, such as citizen review boards and the role of community groups in the adoption of black children, suggest that some members of the general public will involve themselves in public welfare issues but do not sustain an argument for a general public interest in welfare matters. Bush does not articulate a coherent strategy for increasing citizen participation.

The second and by far greater weakness lies in the author's failure to consider how closely his ideas approximate those of Great Society programs, particularly the "maximum feasible participation" warrant of the Community Action Program. These programs taught us that arranging for the participation of community groups was fraught with problems. Too often the "more articulate, militant, and forceful residents . . . push[ed] the less aggressive into minor roles" (James Leiby, *A History of Social Welfare and Social Work in the United States* [New York: Columbia University Press, 1978], p. 319). It is not clear that the positions advanced by self-appointed spokespersons provide a clearer picture of the needs of the most disenfranchised members of society than the views offered by professionals and bureaucrats.

In this period, arguments for client involvement in program development and service provision demand a clearer vision than Bush presents—one that provides a sense of direction that is needed to avoid the pitfalls of the past, and address directly the contemporary realities.

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The Frank R. Breul Memorial Prize

We are pleased to announce that Greg J. Duncan and Saul D. Hoffman received the 1989 Frank R. Breul Memorial Prize. Established by the School of Social Service Administration at the University of Chicago, the prize pays tribute to Professor Breul's career as educator, administrator, and editor of *Social Service Review*. The prize is awarded for the best article in a chosen area of social welfare scholarship published in the *Review* during the previous 3 years. The area selected for the 1989 prize was welfare economics. Duncan and Hoffman authored "The Use and Effects of Welfare: A Survey of Recent Evidence," which appeared in the June 1988 issue.

Greg J. Duncan is program director at the Survey Research Center and professor of economics at the University of Michigan. Saul D. Hoffman is associate professor of economics at the University of Delaware. Dean Jeanne Marsh announced the prize at a reception following the annual *Social Service Review* lecture.

J. R. S.

The Rights of Unwed Parents: Feminist Approaches

The *Social Service Review* Lecture

Mary E. Becker
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Traditional rules punished unwed mothers for sex outside marriage by ignoring the connection between illegitimate children and men. This article applies three different feminist approaches to legal change to the question, Should unwed mothers and fathers of a newborn infant have equal rights with respect to the custody-adoption decision? Formal equality, the dominant legal approach to such issues today, can be manipulated to yield whatever answer one desires, yes or no. Under the other two feminist approaches to legal change—the dominance approach and feminist utilitarianism—the answer is no, unwed mothers should continue to control the custody-adoption decision.

Since 1968, much of the law relating to illegitimate children has been transformed. Prior to that date, the law of illegitimacy secured one essential aspect of the traditional marital relationship, the distinction between a wife and her children on the one hand, and concubines, mistresses, and other lovers and their children on the other hand. This distinction was grounded on a preference for the wife and her children. At its cold heart, marriage afforded a measure of legal protection and financial security to the official wife and her children at the expense of other women and their children.[1]

Traditionally, both law and social custom expressed this preference by ignoring or denying the connection between illegitimate children and men, unless the connection was necessary to protect the public purse. The legitimate child assumed her father's surname. The ille-

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gitimate child did not. The legitimate child usually lived with her father and received economic support from him. The illegitimate child typically did neither. Although a government agency might use a paternity action to force the unwed father to support his illegitimate child in order to protect the public purse, most illegitimate children were not supported by their fathers. A legitimate child could be adopted only with the consent of both parents unless parental rights had been terminated on the ground of unfitness. The illegitimate child could be adopted if only the unwed mother consented. The legitimate child would inherit from her father when he died without a will and would inherit under a will leaving property to his "children." The illegitimate child did neither.

Initially, the married father had the sole and exclusive right to custody of his children. During the nineteenth century, judges began to prefer mothers as custodians of children of tender years, though fathers retained their right to custody of older legitimate children.[2] In recent decades, judges have preferred a best-interest standard for legitimate children of all ages; custody is awarded to either the mother or father according to the best interest of the particular child. In contrast, the unwed mother in this country has had the exclusive right to custody of the illegitimate child of whatever age.[3]

These traditional rules and practices punished women for sex outside marriage. Women's sexuality was controlled by placing on women all the consequences of extramarital sex, with an exception only when paternal responsibility was necessary to preserve the public purse. Ironically, part of unwed mothers' punishment consisted in greater custodial rights than those enjoyed by married mothers. As mentioned, the married mother was, at most, given only a preference in custody decisions involving children of tender years. In contrast, the unwed mother had the exclusive right to custody of illegitimate children of all ages. The unmarried mother could not agree to her child's adoption without the concurrence of the father. The unwed mother had the right to place her child for adoption without any man's interference.

During the late 1960s, many of the traditional rules distinguishing between legitimate and illegitimate children came under challenge. The sexual revolution relaxed attitudes toward sex in general and weakened the double standard. No longer did it seem important to punish so severely women's nonmarital sexual activity. No longer did it seem fair or just that all the punishment for sex outside marriage be placed on women (and children). In general, differential treatment of women and men became suspect.

Attitudes toward children were also changing. Children were seen as more independent, with rights of their own. Visiting the "sins" of the parents on the child seemed arbitrary, even cruel. "Illegitimacy," as an important and debilitating status, became suspect. One important

component of marriage—distinguishing between the children of the official wife and other children—became perverse.

Today, as a result of these changes, illegitimate children and their parents enjoy inheritance rights and a number of other rights similar to those enjoyed by legitimate children and their parents. Many traditional distinctions have disappeared, but other differences persist.[4] Some differences are inevitable if marriage is to have any meaning. There is a strong presumption that a child born during marriage is the child of its mother's husband. There is, of course, no presumption of paternity of any sort when a child is born outside marriage. But unless we are willing to eliminate the presumption of paternity during marriage, this difference must persist. Similarly, some difference in the treatment of mothers and fathers of illegitimate children is inevitable unless we are willing to ignore the physical reality of pregnancy and childbirth, and begin with the assumption that an illegitimate child is truly *filius nullius*, the child of no one.[5] In this article, I focus on an area in which both inevitable and mutable differences persist: the relative rights of the unwed mother and father of a newborn child to obtain custody or to control the adoption decision.[6]

Traditionally, the unwed mother had the sole right to custody (provided, of course, that she was fit), and the unwed mother had the power to control adoption, to determine whether to allow the child to be adopted and with whom to place the child. During the last 20 years or so, there have been a number of cases in which unwed fathers have argued that these traditional rules are unconstitutional on one of two grounds. One argument is that these rules discriminate on the basis of sex in violation of state and federal equal protection clauses. Another is that these rules deny unwed fathers their constitutional rights to due process in terminating fathers' relationships with their children without notice or a hearing and without any recognition of their genetic link.[7]

In most of these cases, fathers have challenged unwed mothers' decisions to allow adoption.[8] In a few cases, fathers may have challenged unwed mothers' custody.[9] In most of these cases, fathers have not actually been awarded custody (on the merits) unless living with the mother.[10] But in many recent decisions, fathers have succeeded in changing the traditional rules, shifting them toward more equal rights for unwed parents.[11] In the future, as judges become more accustomed to unwed fathers' claims to custody of newborn children, it is likely that actual awards to fathers will increase.

I examine the custodial rights of unwed parents from several feminist perspectives, asking whether unwed mothers and fathers should have equal rights in these situations. First, I discuss three major strands of feminist legal analysis.[12] Second, I apply each strand to the issues

before us: whether unwed mothers and fathers should have equal rights to custody and to control of the adoption decision.

Feminist Approaches to Legal Change

The oldest and best established feminist approach to women's inequality is formal equality.[13] Courts use this standard in deciding whether a state law or policy violates the equal protection clause of the Fourteenth Amendment.[14] Under this standard, women and men who are similarly situated have equal rights. Legal rules cannot and should not distinguish between similarly situated women and men.

Formal equality developed as a challenge to traditional rules and practices that explicitly treated women differently from men, denying women positions and benefits available to men. Under formal equality, qualified women cannot be excluded from jobs traditionally held by men. They must be given opportunities to be executors of estates and members of juries on the same terms as men. Formal equality works well in these situations, opening positions to women and affording women the benefits enjoyed by men.

The second feminist approach to equality—Catharine MacKinnon's dominance approach—developed as a challenge to the narrowness and androcentricity of formal equality. The sex-neutral rules required by formal equality can, themselves, contribute to women's subordination. Consider workplace rules designed for workers with wives, such as an employer's refusal to accommodate an employee's child-care responsibilities. Such rules are androcentric—based on male needs—but do not violate formal equality provided that they are applied to women and men in an evenhanded manner. Such rules contribute to women's subordinate status by enforcing women's economic dependency.[15]

The problem, MacKinnon notes, is not just that women and men have been treated differently when they are similarly situated; differences between women and men (real or imagined) have been turned systematically into advantages for men and disadvantages for women. As a result, women are not only perceived as different from men, they are also subordinated to men. MacKinnon would have us focus on men's power over women as the central concern of a theory of inequality.

The strength of the dominance approach is its sensitivity to power disparities between the sexes and its ability to see sex discrimination when women and men are not similarly situated. Consider, for example, rape and other forms of male violence against women.[16] These forms of subordination are invisible to formal equality, but starkly visible as sex discrimination under MacKinnon's approach.

A third feminist approach to inequality is the feminist utilitarianism suggested by Robin West as a challenge to narrowness in feminist legal

theorists' writings. These scholars routinely criticize laws from a feminist perspective without discussing women's pleasures and pains.[17] West contends that women's suffering is "pervasively dismissed or trivialized by legal culture."[18] To correct this bias, feminist legal theorists must talk about women's felt desires, pleasures, and pains rather than assume that any particular ideal of equality is desirable for women.[19]

The strength of the West approach is its explicit focus on women's pleasures and pains, which may be different from men's. In thinking about legal change, a decision maker should consciously try to consider all of women's feelings and desires (not only their need for power or to be treated like similarly situated men).[20] In addition, the decision maker can consider the feelings and needs of men and children. This approach is open to all sorts of arguments and considerations.

Thus far, I have discussed three feminist approaches to legal change, formal equality, the dominance approach, and a feminist utilitarianism. I now turn to apply these three feminist approaches to the rights of unwed parents.

The Rights of Unwed Parents

Traditionally, the unwed mother of the newborn had exclusive rights to custody (as long as she was fit) and exclusive power to control the adoption decision. The question I pose is, Should unwed mothers and fathers of newborns have equal rights? They cannot, of course, have precisely equal rights unless we ignore the facts of pregnancy and childbirth and start with an assumption that the illegitimate child is related to no one. But should unwed mothers and fathers have rights as equal as possible, given the reality of pregnancy and childbirth?

I pause to describe what equality might mean in the context of a typical case, *In re Baby Girl Eason*.[21] David Scharlach and Nola Eason began dating in late 1985 in Atlanta. When Nola discovered she was pregnant a few months later, she and David discussed the situation. They considered both abortion and adoption. David did not give her any financial support during pregnancy. A few weeks before the child was born, David moved to California. Nola surrendered the child to Christian Homes for Children, Inc., for purposes of adoption. The child was placed with an adopting couple. At that point, David contested the decision. By the time the Supreme Court of Georgia decided that the father should have equal rights, the child, Baby Girl Eason, was 9 months old and had been living with the adopting couple all her short life.

The lower court had thought that the appropriate standard would look to the child's best interest: would placement with the father, David, or the adopting couple, Jane and John Doe, best serve Baby Girl Eason's interests? The Supreme Court of Georgia rejected this

standard because it is not applied to mothers. Maternal rights are not terminated on the ground that adoption would be in the child's best interest. Maternal rights are terminated only on a showing of maternal unfitness. The Supreme Court of Georgia indicated that, on remand, this standard should also apply to David; he should be given custody unless the court determines on remand that he is unfit.[22]

Under the equal rights approach used by the Supreme Court of Georgia, David and Nola have equal rights to custody. Since only David is interested in custody, he will receive custody unless, on remand, he is shown to be an unfit parent. If David and Nola were both interested in custody, the question would be determined in a judicial proceeding under the best interest standard, just as it would be were the question to arise during a divorce.

Under the equal rights approach, both David's and Nola's consent would be required for adoption absent an involuntary termination of parental rights as an unfit parent. In addition, David and Nola would have equal rights to select the adopting parents or the intermediary agency and to specify the child's religion. If they were to agree on adoption but disagree on placement or religion, their disagreement would go before a court using the best interest standard.

I now consider whether we should adopt equal rights for unwed parents or retain traditional maternal preferences under three feminist approaches to legal change: formal equality, MacKinnon's inequality, and West's utilitarianism. Throughout, I assume that if the mother does retain custody, she should receive support from the father of her illegitimate child unless she would prefer to receive no support from him. I begin with formal equality.[23]

Formal Equality

Formal equality requires that similarly situated women and men be treated alike.[24] Are the unwed parents of the newborn child similarly situated? They are similarly situated in some senses and not others. On the one hand, each is the unwed parent of a newborn infant. And either may be fit to care for the child.

On the other hand, they are quite differently situated in a number of ways. For example, the mother decided to carry the child to term, at great personal cost to herself. The father could not. She contributed all but one tiny cell to the newborn child. He contributed that one tiny cell. The mother has just gone through about 9 months of pregnancy and childbirth. The father has not. She may be able to breast feed. He cannot.

As groups—on the average—unwed mothers and fathers differ in their interest in caring for their newborn children. Many unwed fathers do not know that their children exist, have not investigated whether

or not a child was conceived. In our culture, as in others, it is overwhelmingly women who are responsible for children in general and newborns in particular, whether or not the parents are wed. Rare is the father, wed or unwed, who is willing to be the primary caretaker of a newborn.[25] Indeed, unwed fathers interested in custody would tend not, themselves, to become primary caretakers. These fathers are likely to rely on a wife or mother or other woman who is willing to be the primary caretaker.[26]

Another difference is that adopted children, as they grow older, are often haunted by their mother's abandonment. Many seem less concerned about paternal abandonment.[27] This difference is doubtless, in part, the result of sentimental and inaccurate notions about the selflessness of motherhood. Nevertheless, allowing the mother to retain custody may avoid a hurt to the child without precise paternal analogy.

Whether or not the mother and father should have equal rights depends on whether one thinks that these differences are relevant in deciding the issue at hand. One could conclude that equal rights are appropriate because the unwed mother and father are each the parent of a newborn and either may be a perfectly competent individual to raise a child or to decide about adoption placement. One might consider the parents differently situated, however, since only the mother decides whether to abort, carries the child during pregnancy, gives birth, and lactates. In addition, mothers are more likely than fathers to be interested enough in the infant to become primary caretakers if they do become the custodial parent. Further, many adopted children seem to feel maternal abandonment more acutely than paternal abandonment One might consider each of these differences relevant to the question whether unwed parents should have equal rights to control the adoption-custody decision.

Formal equality does not give any guidance in deciding whether to regard these differences as relevant.[28] Everything depends on whether one characterizes the unwed mother and father of the newborn as similarly situated, but the standard provides no guidance on this crucial point.

I am nevertheless fairly confident that the feminists who have advocated formal equality would characterize unwed parents as similarly situated. These feminists consider average differences irrelevant,[29] and they tend, especially in the context of reproduction, to regard as irrelevant even absolute differences, such as the fact that only mothers give birth.[30] If unwed mothers and fathers are characterized as similarly situated, they are entitled to equal rights. The adoption decision must therefore be vested equally in each, and each must have an equal right to custody.[31]

Many feminists would disagree with this application of formal equality. Many would consider these differences relevant to the question at

hand. It is one thing to allow the adoption-custody decision to be made by someone who might otherwise abort, who has carried the child for 9 months and given birth, who is related genetically to the child, whose abandonment is likely to be felt particularly acutely by the child, who may be able to breast feed, and who is likely to be interested enough in the infant to act as primary caretaker. It is quite another thing to allow the decision to be made by someone who is, of all these, likely only to be genetically linked. When relevant differences are taken into account, women and men are not so similarly situated as to require equal rights. But formal equality itself gives no answer to the question of appropriate rights for unwed parents. Whether equal rights are required depends on whether one considers these differences relevant.

Formal equality approaches the issue of unwed parents' rights in the same abstract manner that it approaches other issues, without regard to the distribution of power between the sexes. As a result, it may exacerbate the subordination of women by decreasing their rather limited power relative to men. I next consider how the issue would be approached under MacKinnon's dominance approach, with its exclusive focus on the distribution of power between the sexes.

The Dominance Approach

According to MacKinnon, "[a] rule or practice is discriminatory ... if it participates in the systemic social deprivation of one sex because of sex. The only question for litigation is whether the policy or practice in question ... contributes to the maintenance of an underclass or a deprived position because of gender status."[32] Both approaches—giving unwed parents equal rights and giving mothers stronger rights—subordinate some women in some circumstances.

Consider the negative effects of rules giving mothers the ability to decide adoption and custody. Rules linking unwed mothers and children (and giving less weight to the link between unwed fathers and children) have traditionally been part of a system which punished women (and not men) for nonmarital sexual activity and should be viewed with suspicion. Such rules reinforce traditional notions linking women in general, but unwed women in particular, with the consequences of sexual activity: children. As a result of such rules, other rules are likely to be based on assumptions that women's role and sole purpose is to nurture children.[33] In a culture with such rules, women are likely to feel obligated to their children in ways fathers do not. Because of such rules (among other things), women are more likely to be primary caretakers than men. Because women are more likely to be primary caretakers, women, but particularly unwed women, are economically disadvantaged, both because they bear disproportionately the high costs of raising children and because their caretaking interferes with

their success as wage earners. In addition, because the consequences of sexual activity are so disproportionately women's, women are responsible for birth control, which is often costly, awkward, and physically dangerous.

In sum, in a number of ways, the different meanings of sexual activity for women and men—in terms of responsibility for consequences—contribute to women's subordinate position relative to men in our society. Were unwed fathers given equal custody and adoption rights with respect to their newborn children, these problems might be ameliorated for some women.

Equal treatment of unwed fathers and mothers would not, however, eliminate these differences. Equal-treatment rules would not guarantee that unwed fathers be as involved with, or feel as responsible for, their children as unwed mothers. Equal rules would only give men the option of being as involved. The vast majority of unwed fathers will not be as involved as unwed mothers no matter how many rights they are given.[34]

Further, in a world in which women feel more closely linked to their newborns than do men, rules ignoring women's feelings can be more oppressive than rules recognizing such feelings. I next describe the ways in which equal-treatment rules would contribute to women's subordination.

Under current rules giving mothers the right to decide on custody and adoption, the unwed mother controls these decisions without interference from the father. The unwed woman can decide how to handle her pregnancy without worrying that if she decides to bear the child, a man—whom she may not know well or trust much—can challenge her decision.

If the pregnancy was unplanned, it is important to remember that it began under conditions of inequality, under circumstances such that the intercourse may not have been entirely voluntary. Given men's present control over women's sexuality and women's limited control over either sexuality or fertility, giving men additional rights with respect to children conceived outside of marriage will exacerbate many women's subordination.

More specifically, if the unwed father is able to challenge the mother's decision, he may be able to pressure her into maintaining the kind of relationship with him that he desires. In one case, for example, the unwed mother decided on adoption, but the father challenged her decision. Thereafter, the mother agreed to live with the father and child.[35] This father may have sought custody because he was concerned only with the welfare of his child, or he may have sought custody to pressure the mother into living with him. Either way, his ability to challenge her adoption decision changed radically the options open to her. She may have felt considerable pressure to live with him rather

than risk his obtaining custody in her absence. Because most fathers feel less closely attached to their children than most mothers, fathers tend to feel parallel pressures less acutely. Recognizing unwed mothers' close connection to their children is necessary to protect their personal autonomy in a way not true for unwed fathers.

In addition, traditional rules give single women the power to raise children independent of heterosexual relationships in which they are likely to be subordinate to men. Outside marriage, single women can bear and rear children with relative freedom from male control and domination. Were unwed fathers and mothers to have equal rights, unwed mothers would not be as independent of male control.

Finally, because women tend to earn less than men and because unwed women bear the costs of pregnancy and childbirth, an unwed mother will often be at an economic disadvantage in a fight over custody or adoption placement in two ways: because of her more limited ability to pay for good lawyers and because a judge might conclude that the child would be better off in a home with greater financial resources. Thus, under equal rules, economic differences will be turned into additional advantages for men and disadvantages for women. Equal rules will thereby subordinate women within MacKinnon's sense of that word.

I conclude that under MacKinnon's inequality approach, unwed mothers and fathers should not be given equal rights. Instead, rules recognizing most women's greater connection to their illegitimate infants should be preserved in order to protect women's limited power in a world in which women are systematically subordinated to men.

West's Utilitarianism

West suggests that, in thinking about appropriate legal rules, we should add women to a utilitarian calculus. The problem, traditionally, has been that women's pains and pleasures tend to be ignored or underrated. This blindness and indifference is what we must correct. Utilitarianism does not mechanically yield one inevitable resolution of the rights of unwed parents. But a feminist utilitarianism, fully taking into account the pains and pleasures of women along with those of men and children, does support traditional rules. The utilitarian standard requires that we consider the advantages and disadvantages of traditional rights or equal rights from the perspective of three groups: men, women, and children.

Men.—Replacing the traditional rule with equal rights will not necessarily give every unwed father an opportunity to establish the desired relationship with a child. To some extent, equal rights will be self-defeating: women worried about paternal custody or control may abort rather than carry the child to term. Weakening the unwed mother's

control will increase the probability of abortion regardless of whether she is considering retaining custody or allowing adoption. First, consider the unwed mother who feels she cannot keep her child. The vast majority of women who feel that they cannot keep their babies abort. Only about 7 percent of single women who go through pregnancy and childbirth allow their children to be adopted.[36] Of pregnant single women who do not keep their children (and who do not spontaneously miscarry), more than 96 percent choose abortion over adoption under existing rules.[37] Were these women unable to control adoption placement, it is possible that more would abort rather than risk bearing a child to be raised by someone they consider unfit.

Next, consider the unwed mother who would like to keep her child. Under equal rules, these women may also be more likely to abort. If the unwed father has been abusive, the mother may abort rather than risk his using the threat of custody to continue their relationship on his terms and in order to ensure that he does not raise the child. If he is wealthier than she or if she considers him an unfit parent, she may abort if she considers a contest likely. She may dislike him for idiosyncratic reasons. Perhaps he would be a wonderful caretaker. Allowing him to contest her decision will nevertheless increase the chance that she will decide to abort.[38]

The risk of abortion must be taken into account regardless of whether abortion remains available on demand in this country.[39] Abortion rates were not dramatically affected by *Roe v. Wade*.[40] Prior to *Roe v. Wade*, abortions were often illegal and dangerous, but they occurred at roughly the same rates as thereafter.[41]

Thus, equal-treatment rules cannot give all unwed fathers rights equal to those enjoyed by mothers. For some unwed fathers, equal rights will be self-defeating, destroying, through abortion, the possibility of any father-child relationship.

But most unwed women who decide not to abort under existing rules would, in all likelihood, reach the same result under equal-treatment rules. Many unwed fathers could, therefore, benefit from equal-treatment rules. Unfortunately, most men are indifferent to their offspring outside marriage.[42] Single men routinely have sex without any subsequent investigation into whether that act resulted in pregnancy. Almost all unwed fathers contribute nothing to their children's support.[43] The vast majority of unwed fathers appear to be uninterested in challenging either the mother's custody or her adoption decision. Even those men interested in their nonmarital children are unlikely to be interested in taking care of an infant. Fathers generally tend to be less interested in taking care of newborn children than in taking care of older, more independent children and are, relative to women, uninterested in either activity.[44]

As this suggests, there are two relatively small groups of men likely to be hurt by traditional rules preferring unwed mothers with respect to custody and adoption. Some men will desire custody because they are sincerely willing and able to care for a newborn child. Other men will desire custody because they know someone willing to care for the child (usually a woman: his mother, wife, or girlfriend). The first group—men interested in being primary caretakers of newborns—is likely to be extremely small, although these men are likely to be hurt most intensely by rules preferring unwed mothers. The second group is larger, but the harm of denying these fathers custody is likely to be less intense since these fathers have not identified with their newborns sufficiently to be interested in being primary caretakers.

Fathers in both these groups are hurt by unequal rules in a number of ways. These fathers are denied the opportunity to know the child at all if the mother elects adoption. If she retains custody, they are denied the ability to develop as a person by being the primary caretaker of their child or, at least, living with their children. Finally, these fathers may be hurt by the rules themselves, which refuse to treat them as individuals with interests and concerns different from most members of their sex.

In sum, there are a number of ways in which traditional rules, preferring mothers, hurt two relatively small groups of unwed fathers: those interested in being primary caretakers and, less intensely, those interested in custody with another person (probably a woman) as primary caretaker.

Women.—Most unwed mothers are better off under traditional rules preferring mothers. One set of reasons has already been discussed: the current power disparity between the sexes and the effect of stronger paternal rights (and weaker maternal rights) on that imbalance. All the reasons given above in discussing MacKinnon's inequality approach appear in the utilitarian calculus: women's rights should not be diluted because dilution would exacerbate the already unequal distribution of power between the sexes.

There are a number of additional reasons for giving women the authority to make these decision, reasons independent of the sexual balance of power. First, consider the feelings of the pregnant woman. During pregnancy, many unwed mothers already feel that their lives are out of control. A rule giving fathers equal rights is likely to be felt as an intrusion on their very bodies, since they would then be unable to control their reproductive labor.

For a woman going through a complicated pregnancy—and many pregnancies are complicated—this feeling is likely to be particularly strong and intrusive. Imagine a woman who is 6 months into a complicated pregnancy, which has caused severe disruptions in work and

personal life—weeks, for example, spent on her back because the doctor is worried about miscarriage. She knows that she will have to spend many more weeks on her back. At this point she learns that the father of the child, a person she considers unfit to parent, intends to seek custody. Every pain, risk, and discomfort of pregnancy will be more unbearable because her child may end up in an environment she considers unacceptable. She may feel that her very body is being taken over for another's purpose.

The mere fact that the unwed woman has chosen to go through with pregnancy is good evidence that she is concerned with the welfare of her child and interested in making the adoption-custody decision that will best serve the interests of her child and herself.[15] It follows that she is likely to be intensely hurt by interference with her decision about what is best for the child.

Second, consider the feelings of the new mother. Many mothers of newborns speak of the feeling of identity between themselves and their infants, of the absence of interpersonal boundaries.[16] Men do not tend to talk about their newborn children in these terms. I do not know that such differences are genetic or immutable. Men have not had the experiences of pregnancy, childbirth, lactation, or the experience of being cared for as an infant by a primary caretaker of their own sex. Women and men are socialized to regard babies in very different ways. But whatever the reason, fathers appear to feel more separate from newborns than do mothers. Denial of women's traditional control over these decisions is, therefore, likely to be singularly painful to women.

These points do, of course, reinforce traditional stereotypes of women But the alternative to reinforcing traditional stereotypes is often, as here, to ignore the reality of women's lives to the extent that their feelings are different from men's.

Third, consider the feelings of the mother during litigation. At the time of litigation, many unwed mothers will feel that equal rights accord equality to fathers only by denying the reality both of pregnancy and of mothers' greater identification with their infants.

Fourth, consider the feelings of the unwed mother after the child has been placed in a situation she did not select. Women who have allowed their children to be adopted speak of being haunted thereafter by concern about the child.[17] This pain is likely to be more severe if the child is in the custody of someone the mother did not select. Men do not tend to speak of such feelings.

Fifth, litigation costs will hurt women disproportionately since women tend to have fewer resources than men. Under traditional rules, there is seldom anything to litigate: as long as she is fit, the mother controls the custody-adoption decision. Under equal rules, litigation will be more common since parents may disagree about custody, adoption,

or adoption placement. Because women tend to have fewer resources than men, the cost of litigation will disadvantage women. The heavier burden of litigation will fall on the parent who is likely, of the two involved, to identify most with, and feel most responsible for, the child.

In sum, traditional rules serve women well. In a legal regime in which women would not control the adoption-custody decision entirely, men would have more power, and many unwed mothers would worry about, or suffer from the exercise of that power.

Children.—Although some children would be better off with equal parental rights, there are a number of serious problems with equal rights from the perspective of children. I begin by considering children who would be better off under a scheme giving fathers equal rights. Although adopted children tend to feel maternal abandonment more painfully than they feel paternal abandonment, many children do feel pain as a result of paternal abandonment. Such a child may grow up wishing that she could have been raised by a biological parent. The child might believe that a natural parent would be more compatible than her adoptive parents or that she would have had a closer relationship with a natural parent than with her adoptive parents. There may also be a need to know the medical histories of her biological parents.

It is impossible to estimate how many adopted children have such feelings, let alone how many are correct in thinking that paternal custody would have been better than adoption. Few of these children would, however, be raised by their unwed fathers no matter what the legal rule. As mentioned earlier, even with equal rights, few unwed fathers would be willing to assume custody of a newborn infant.[18] Further, some children may find life with father more painful, less compatible, than life with the adopting parents. Genetic links might be much less important than the adopted child supposes.

There are a number of ways in which equal rights are likely to hurt illegitimate children. First, equal rights will decrease adoptions. Some adoptions will be blocked by fathers who take custody themselves and are not unfit. In these cases, paternal custody may be as good for the child as adoption. But other cases are more troubling. Some adoptions will not take place because the mother might think that her chances of avoiding paternal custody will be highest if she, rather than an unrelated adopting couple, has custody. Indeed, the reported cases suggest that unwed fathers are very unlikely even to contest maternal custody; they are much more likely to contest third-party adoption.[19] Yet adoption may well be in the best interest of the child in those cases in which the mother would choose adoption rather than keep the child under current rules.

Second, litigation is not likely to be in the best interest of the child for a number of reasons. First, the best-interest standard will necessarily

result in arbitrary and biased decisions. Even for an older child, the standard is rhetorically reassuring but substantively empty.[50] How can a judge (or anyone) decide (*a*) what values, pleasures, or pains are most important to a particular child and (*b*) which home will instill those values best or provide those pleasures or avoid those pains? Consider, for example, choosing between a relaxed parent who will take an unconcerned approach to everything, including the child's education, versus an intense parent who will be very involved in every detail of the child's life, including education. To speak of choosing between these two parents in terms of the child's best interest is silly. If the standard is empty for the older child, it is a pure vacuum for the newborn, who has no established relationship with either parent, no personality, and no established interests, preferences, or habits. What would be the point of individualized case-by-case decisions about which of two fit parents is in the newborn child's best interest as custodian?

Another problem is that litigation will, itself, often be contrary to the child's interest. After a custody battle, the parents' relationship is likely to be more unpleasant. Yet if one gains custody and the other visitation rights, their cooperation and good will is necessary if the child is not to be hurt by parental conflict in the future. A custody battle may also injure the relationship between each parent and the child. After a custody battle, each parent is likely to view the other as a person with terrible flaws. As a result, each may be quick to see flaws in the child and attribute them to the other. Such attributions may result in more distant and more judgmental relationships between the child and parent.

Thus far, I have talked about litigation costs when unwed fathers seek custody. But if fathers have equal rights, they will also be able to challenge the mother's adoption placement decision even when uninterested themselves in custody. For example, a father would be able to object to the mother's selection of a certain agency or to her specification of religion of the adopting couple. There could be no possible advantage, from the child's perspective, in a dispute over such matters, and the dispute would almost inevitably cause harm because of the delay involved.

Delay is another litigation problem for newborn infants. Equal rights will mean more conflicts, and conflicts will mean increased uncertainty about the child's fate during the first months or even years of the child's life. Perhaps the child will be put in a foster home during litigation rather than being placed immediately in a potential adoptive home.[51] Or the child may be temporarily placed with one parent or the potential adoptive couple during litigation.[52] Whoever has temporary custody during the period of uncertainty is likely to develop a different,

and weaker, relationship with the child because of the uncertainty. Weak relationships with caretakers are not likely to be in the child's interest. Nor are changes of custody likely to be in the child's interest when a court finally reaches a decision.

From the perspective of the child, the mother will often, though not always, be the best decision maker with respect to adoption and custody. She alone can make the custody decision in such a way as to minimize the probability of her preferring to abort. Of all the people on earth, the mother—by bearing the child rather than aborting it—is the only one who has demonstrated a commitment to take into account the child's interests, at great personal cost. The experience of pregnancy is likely to reinforce the concern felt when she decided not to abort. Pregnant women have powerful feelings for their children during pregnancy, feelings which grow progressively stronger during pregnancy.[53] At birth, the mother is likely to identify with, and feel responsible for, the child to a much greater extent than anyone else.

In deciding about adoption or custody, most unwed mothers will try to do what is best for their children and themselves in light of their other responsibilities and their resources. There is no reason to think that judges will make better decisions. Under a discretionary standard like best interest of the child, the judge is likely to be as affected by biases and prejudices as the mother. Of particular concern from the child's perspective is the likelihood that judges may assume too readily that fathers are better custodians of newborns because they have greater financial resources. The skewed effect of litigation costs—disadvantaging unwed mothers, who tend to have fewer resources in part because of the costs of pregnancy and childbirth—will reinforce this problem. From the child's perspective, it is particularly troubling that the greater burden of litigation costs is imposed on the parent who is more likely (of the two involved) to identify with, and feel responsible for, the child and to be interested in personally caring for her.

By giving the decision entirely to the mother, the costs of litigation—particularly the emotional costs to the child of delay—can be avoided in most cases. Traditional rules are superior—from the perspective of children in the aggregate—to individualized determinations by judges under the nebulous best-interest standard, despite hardship to that small group of children whose unwed fathers would have assumed custody if given equal rights and who would have been happier with their fathers than with adopting parents.

Traditional rules are also, of course, best for women. Only men are hurt by traditional rules but, of the three groups involved, unwed fathers are the most indifferent to the result. Under a utilitarian approach, traditional rules favoring unwed mothers should, therefore, be preserved.

Conclusion

Traditionally, an unwed mother had the exclusive power (as long as she was fit) to decide whether to retain custody and raise her child herself or to allow adoption. She also had the ability to select the adopting couple, subject, perhaps, to review by the appropriate state agency and a judge. Unwed fathers had no such rights. These rules developed as part of a system that punished women for extramarital sex by denying the link between fathers and illegitimate children

Despite this dubious pedigree, powerful feminist arguments can be made for retaining traditional rules favoring unwed mothers I have analyzed traditional rules under three feminist approaches: formal equality, MacKinnon's dominance, and West's utilitarian approach Under formal equality, unwed mothers and fathers are entitled to equal rights only if they are similarly situated. The theory of formal equality gives no guidance on this all-important question. The feminists most committed to formal equality would, however, give unwed mothers and fathers equal rights because they tend to consider differences irrelevant. I nevertheless argued that, even under formal equality, women should retain the ability to control the custody-adoption decision Differential rules are appropriate because there are relevant differences between unwed mothers and fathers.

The analysis of these issues under the other two feminist approaches to legal change is more certain. Under both MacKinnon's inequality and West's utilitarianism, traditional maternal preferences should be retained. Under MacKinnon's inequality approach, maternal preferences are justified as necessary to prevent further inequity in the relative distribution of power between women and men. Under a utilitarian approach, the traditional rules are preferable to equal rules from the perspective of both women and children. Only men are hurt by the traditional rules, but most unwed fathers are less concerned than unwed mothers and their children with these issues.

Although I have argued that under any of these three feminist approaches traditional rules should be retained, I do not regard these various feminist approaches as fungible. I noted a number of serious problems with formal equality, including its lack of guidance to decision makers on how to determine who is similarly situated and its blindness to power disparities between the sexes. The dominance approach avoids these problems but considers only the effect of various rules on women's power relative to men.

A feminist utilitarianism avoids both these problems. Power effects can be included in the calculus along with anything else relevant, including the interests of people who are not women. To be sure, one must be careful to credit fully women's pains and pleasures. But no standard offers a mechanistic method for solving the many difficult

problems facing us in a world in which traditional sexual roles are changing rapidly in some ways but not in others.

Notes

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1. See, e.g., Mary Ann Glendon, *State, Law, and Family* (Amsterdam, New York, Oxford: North-Holland, 1977), pp. 304–30; Homer H. Clark, Jr., *The Law of Domestic Relations in the United States*, 1st ed. (St. Paul, Minn.: West Publishing, 1968), pp. 155–80.

2. The term "tender years" was never precisely defined. A 1968 description of the rule reports that a preschool child would qualify as a child of tender years but a high school child might not. See Clark, 1st ed., p. 585.

3. For a description and discussion of traditional rules and distinctions prior to the twentieth century, see Michael Grossberg, *Governing the Hearth* (Chapel Hill: University of North Carolina Press, 1985), pp. 234–85. For a discussion of traditional rules during the twentieth century but prior to the recent wave of changes, see Clark, 1st ed., pp. 155–80, 572–601.

4. For examples of constitutional cases eliminating traditional distinctions, see, e.g., Caban v. Mohammed, 441 U.S. 380 (1979) (holding unconstitutional as applied state statute that consent to adoption of illegitimate child required only for mother when father had lived with children and mother for 4 years); Glona v. American Guarantee, 391 U.S. 73 (1968) (holding unconstitutional state statute giving mother cause of action for wrongful death of her child only if child legitimate); Levy v. Louisiana, 391 U.S. 68 (1968) (holding unconstitutional state statute allowing only legitimate children to recover for wrongful death of mother). Compare generally, e.g., Clark, 1st ed., pp. 155–80 (chapter on illegitimacy) with Homer H. Clark, Jr., *The Law of Domestic Relations in the United States*, 2d ed. (St. Paul, Minn.: West Publishing Co., 1988), pp. 149–203 (chapter on illegitimacy). In a more recent decision, the Court upheld the constitutionality of the traditional rule that a putative natural father cannot challenge the paternity of a child born during marriage. See Michael H. v. Gerald D., 57 L.W. 4691 (June 15, 1989).

5. This phrase is used by Blackstone. See Sir William Blackstone, *Commentaries on the Laws of England*, ed. St. George Tucker (Philadelphia: William Young Birch & Abraham Small, 1803), p. 458.

6. The Supreme Court has not yet resolved the issue, though it has decided some related cases. See, e.g., Lehr v. Robertson, 463 U.S. 248 (1983) (constitutional as applied state statute allowing adoption of illegitimate child without notice to or consent of father when father had ignored child—though he knew of her—for two years); Caban v. Mohammed.

7. For examples of cases in which courts consider both arguments, see State of Missouri ex. rel. J.D.S. v. Edwards, 574 S.W.2d 405 (Mo. 1978); In the Matter of the Adoption of Baby Boy D, 742 P.2d 1059 (Okla. 1985).

8. See, e.g., all of the cases cited in nn. 9 and 10 below. An influential article argues for equal rights for fathers and mothers only in the adoption context. See Elizabeth Buchanan, "The Constitutional Rights of Unwed Fathers before and after *Lehr v. Robertson*," *Ohio State Law Journal* 45, no. 2 (1984): 313–82 (see esp. language at 381–82).

9. I have not been able to find a reported case in which an unwed father challenges an unwed mother's custody of a newborn infant. Challenges to maternal custody of an (older) illegitimate child seem likely only when the father has lived with the child. See, e.g., Allen v. Childress, 448 So. 2d 1220 (Fla. App. 4 Dist. 1984).

10. In some, fathers are denied custody. See, e.g., In re Adoption of Mullenix, 359 So. 2d 65 (Fla. App. 1978); Michael U. v. Jamie B., 39 Cal. 3d 787, 218 Cal. Rptr. 39, 705 P.2d 362 (Cal. 1985); Adoption of Baby Doe, 492 So. 2d 508 (La. App. 3 Cir. 1986); In the Interest of Unnamed Baby McLean, 697 S.W. 2d 479 (Tex. App. 2 Dist. 1985). In cases holding for fathers, courts usually remand for further proceedings consistent with the appropriate standard. See, e.g., In re Baby Girl M., 37 Cal. 3d 65, 207 Cal. Rptr. 309, 688 P.2d 918 (1984) (remand to consider whether paternal custody would be detrimental to child); In re Baby Girl Eason, 257 Ga. 292, 358 S.E. 2d 459 (Ga. 1987) (remand to see whether father fit as parent); State of Missouri ex rel. J.D.S. v. Edwards (remand to give unwed father opportunity to demonstrate fatherly concern). For examples of rare cases actually awarding custody to an unwed father who was not living with the mother, see In the Matter of Robert P., 36 Mich. App. 497, 194 N.W. 2d 18 (Mich. App. 1971) (custody awarded to 16-year-old father rather than adopting couple; child in foster home for 9½ months pending outcome of litigation); Riggs v. Riggs, 612 S.W.2d Tenn. App. 461 (Tenn. App. 1980) (custody awarded to father rather than adopting couple; adopting couple had had custody virtually all child's 18 months). In two cases, fathers were awarded custody after reconciling with mothers who were now sorry to have consented to adoption. See "In the Matter of the Adoption of John Doe, 57 U.S.L.W. 2675," *Florida Law Weekly* 14 (April 13, 1989) (Fla. No. 72,593); In the Matter of the Adoption of Baby Girl S, 535 N.Y.S. 2d 676, 1988 N.Y. Misc. 717 (Surrogate's Court of New York, 1989).

11. Most of the appellate cases increasing unwed fathers' rights stop short of giving unwed fathers rights equal to those of mothers (whose rights cannot be terminated except on a finding of maternal unfitness). See, e.g., Adoption of Baby Doe (if unwed mother allows adoption, unwed father's rights can be terminated if adoption is in the best interest of the child); In re Adoption of Mullenix (similar); In the Interest of Unnamed Baby McLean (similar); In the Matter of Robert P. (custody awarded to unwed 16-year-old father—rather than allowing adoption—because in child's best interest); Shoecraft v. Catholic Social Services Bureau, Inc., 385 N.W.2d 448 (Neb. 1986) (dicta: only unwed mother has automatic custody); In re Baby Girl M. (unwed father, rather than adopting parents, should receive custody unless paternal custody would be detrimental to the child). For unusual cases giving unwed fathers rights roughly equal to those enjoyed by unwed mothers, see In re Baby Girl Eason (discussed below at text and nn. 19–20); State of Missouri ex rel. J.D.S. v. Edwards.

12. I do not discuss a fourth strand, developed by Christine Littleton: the equal-acceptance model of equality. See Christine A. Littleton, "Equality across Difference: A Place for Rights Discourse?" *Wisconsin Women's Law Journal* 3 (1987): 189–212; "Reconstructing Sexual Equality," *California Law Review* 75, no. 4 (1987): 1279–1337. Unlike the alternatives to formal equality discussed in this article (the dominance approach and feminist utilitarianism), Littleton's standard does not seem to suggest any way to resolve the issue.

13. This is the approach developed during the seventies by proponents of the Equal Rights Amendment and the members of the American Civil Liberties Union's Women's Rights Project. See Barbara A. Brown, Thomas I. Emerson, Gail Falk, and Ann F. Freedman, "The Equal Rights Amendment: A Constitutional Basis for Equal Rights for Women," *Yale Law Journal* 80 (1971): 871; David Cole, "Strategies of Difference: Litigating for Women's Rights in a Man's World," *Law and Inequality* 2 (1984): 33, 54–58; Ruth B. Cowan, "Women's Rights through Litigation: An Examination of the American Civil Liberties Union's Women's Rights Project, 1971–1976," *Columbia Human Rights Law Review* 8 (1976): 373; Ruth Bader Ginsburg, "Sexual Equality under the Fourteenth and Equal Rights Amendments," *Washington University Law Quarterly* (1979), p. 161 (participant in American Civil Liberties Union's Women's Rights Project uses formal equality as the equal protection standard for sex discrimination).

14. See, e.g., Orr v. Orr, 440 U.S. 268 (1979).

15. See Catharine A. MacKinnon, *Feminism Unmodified: Discourses on Life and Law* (Cambridge, Mass.: Harvard University Press, 1987), pp. 32–45, *Sexual Harassment of Working Women* (New Haven, Conn., and London: Yale University Press, 1979), pp. 101–41.

16. See MacKinnon, *Feminism Unmodified*, pp. 81–92.

17 Robin L West, "The Difference in Women's Hedonic Lives A Phenomenological Critique of Feminist Legal Theory," *Wisconsin Women's Law Journal* 3 (1987) 86

18 Ibid , p 83

19 See generally ibid , pp 81–115 See also Ruth Colker "Feminism, Sexuality and Self A Preliminary Inquiry into the Politics of Authenticity," *Boston University Law Review* 68, no 1 (1988) 217–64, esp 217 and 252 (arguing that feminists should focus on women's well-being)

20 This standard cannot guarantee that the assessment of women's feelings and desires is accurate, but some form of this problem is present with every feminist approach to legal change Both formal equality and the dominance approach are similarly unable to ensure their goal, actual equality See, e g , Mary E Becker, "Prince Charming Abstract Equality," *Supreme Court Review* (1987), pp 201–47, Kathleen A Lahey "Feminist Theories of (In)equality," *Wisconsin Women's Law Review* 3 (1987) 5–27, Linda J Krieger and Patricia N Cooney, "The Miller-Wohl Controversy, Equal Treatment, Positive Action and the Meaning of Women's Equality," *Golden Gate University Law Review* 13 (1983) 513

21 In re Baby Girl Eason (n 10 above)

22 Even this decision awards unwed fathers rights not quite equal to those of unwed mothers Unwed mothers routinely retain custody of the child to which they have just given birth without any judicial inquiry of any kind Her rights may be terminated only if she is found to be unfit in a judicial proceeding

23 I also assume that if the mother retains custody, the father is entitled to visitation rights See, e g , In the Matter of K B E and I M E , 740 P2d 292 (Utah App 1987) (father entitled to visitation rights when mother retains custody, she cannot simply arrange for grandfather to adopt child)

24 See, e g , Orr v Orr (n 14 above)

25 See, e g , Norma Radin, "Primary Caregiving and Role-Sharing Fathers," in *Nontraditional Families Parenting and Child Development*, ed Michael E Lamb (Hillsdale N J Erlbaum, 1982), pp 173–204, "Fathers who are primary caregivers in intact families are rare" (quoted at 173) According to a recent study of Berkeley undergraduates, young educated women and men continue to differ in their interest in being primary caretakers of young children See Anne Machung, "Talking Career, Thinking Job Gender Differences in Career and Family Expectations of Berkeley Seniors," *Feminist Studies* 15, no 1 (1989) 35–58, esp 35, 47–50 See also Ross D Parke, *Fathers* (Cambridge, Mass Harvard University Press, 1981), pp 32–36 (discussing fathers low levels of child-care activity)

26 In most cases, there is no discussion of the father's child-care plans When those plans are discussed, a woman seems to be involved See, e g , In the Matter of Robert P (n 10 above) (16-year-old boy awarded custody, his parents will be involved as caretakers), Michael U v Jamie B (n 10 above) (mother of 16-year old father would be involved if he receives custody), In re Baby Girl M (n 10 above) (father wants child placed with family caring for his other children)

27 Compare, e g , how Barbara, Jack, and Pattie speak of their birth mothers and fathers in Jill Krementz, *How It Feels to Be Adopted* (New York Knopf 1982), pp 40, 69–70, 87–89

28 See, e g , Peter Westen, "The Empty Idea of Equality," *Harvard Law Review* 95, no 3 (1982) 537–96

29 See, e g , authorities cited in n 12 above

30 See, e.g , briefs filed by the American Civil Liberties Union Foundation and the National Organization for Women in California Federal Savings & Loan Association v Guerra, 479 U S 272 (1987), Wendy W Williams, "Equality's Riddle Pregnancy and the Equal Treatment/Special Treatment Debate," *Review of Law and Social Change* 13 (1984–85) 325–80, Zillah R. Eisenstein, *The Female Body and the Law* (Berkeley University of California Press, 1988), pp 98–104

31 Similar arguments could be used to support fathers rights to veto abortion in the event the Supreme Court were to overrule Roe v Wade 410 U W 113 (1973) (holding that women have a constitutional right to abortion during first trimester), and Planned Parenthood of Central Missouri v Danforth, 428 U S 52 (1976) (holding that state cannot give spouse veto power over abortion)

32 MacKinnon, *Sexual Harassment of Working Women* (n 15 above), p 117

33 For example, in a culture with such rules, employers are more likely to have policies excluding fertile women from hazardous employment See Mary Becker, "From *Muller v Oregon* to Fetal Vulnerability Policies," *University of Chicago Law Review* 53, no 4 (1986) 1219–73

34 See n 23 above Although we have a formal equality rule for custody at divorce (the best interest of the child), women have custody following divorce in about 90 percent of families See, e g , Lenore J Weitzman, *The Divorce Revolution The Unexpected Social and Economic Consequences for Women and Children in America* (New York Free Press, 1985), p 257

35 In the Matter of the Adoption of Baby Girl S (n 10 above)

36 Calculated using 1982 data from U S Bureau of the Census, *Statistical Abstract of the United States 1988*, 108th ed (Washington, D C , Government Printing Office, table 87 at p 62, and table 594 at p 356 (number of stranger adoptions in 1982 divided by the number of births to single women in 1982)

37 Ibid , table 105 at p 70 and table 594 at p 356 (number of abortions by single women in 1982 divided by [number of abortions by single women in 1982 plus number of stranger adoptions in 1982])

38 Many women seem to prefer abortion to bearing a child they will not raise See e g , Mary K Zimmerman, *Passage through Abortion The Personal and Social Reality of Women's Experiences* (New York and London Praeger, 1977), p. 112

39 In Webster v Reproductive Health Services, 57 L W 5023 (July 3, 1989), four members of the Court indicated a willingness to overrule Roe v Wade by describing the state's interest in fetal life as compelling from the moment of conception

40 Roe v Wade

41 Prior to Roe v Wade, abortion estimates ranged from 20 to 30 percent of pregnancies and from 1 to 1 5 million a year See, e g , Lawrence Lader, *Abortion* (Indianapolis Bobbs-Merrill, 1966), p 2 (1 5 million), Jean van der Tak, *Abortion, Fertility, and Changing Legislation An International Review* (Lexington, Mass Lexington, 1974), pp 72–73 ("almost 30 per 100 live births," or approximately 1 million a year), Kenneth R Whittemore, "The Availability of Nonhospital Abortions," in *Abortion in a Changing World*, ed Robert E Hall (New York and London Columbia University Press, 1970), 1 212–17 (1 million a year), Richard H Schwarz, *Septic Abortion* (Philadelphia and Toronto Lippincott, 1968), p 7 (20% of pregnancies, or about 1 2 million abortions a year) Today, about 27–30 percent of pregnancies end in abortion See, e g , Hyman Rodman Betty Sarvis, and Joy Walker Bonar, *The Abortion Question I* (New York Columbia University Press, 1987) (more than 25% of pregnancies terminate in abortion), Stanley K Henshaw, Jacqueline Darroch Forrest, and Jennifer Van Vort, "Abortion Services in the United States, 1984 and 1985," *Family Planning Perspectives* 19, no 2 (1987) 63–70, Aida Torres and Jacqueline Darroch Forrest, "Why Do Women Have Abortions?" *Family Planning Perspectives* 20, no 4 (1988) 169–76, esp 169 There are about 1 5 1 6 million abortions a year U S Bureau of the Census (n 36 above), table 105 at p 70

42 See, e g , Leontine Young, "The Unmarried Father," in *Readings in Adoption*, ed I Evelyn Smith (New York Philosophical Library, 1963), pp 101–17

43 See, e g , David T Ellwood, *Poor Support Poverty in the American Family* (New York Basic, 1988), pp 137–38 ("Never-married mothers virtually never get child support")

44 See n 23 above

45 It might be argued that she may decide against abortion because of her religious beliefs rather than because of concern about the welfare of her child But the religious beliefs that argue against abortion are likely to be associated with concern for the child This is not an either/or situation A woman who decides against abortion for religious reasons can be (and is likely to be) concerned about the welfare of the child she carries for 9 months

46 See, e g , Louis Genevie and Eva Margolies, *The Motherhood Report How Women Feel about Being Mothers* (New York McGraw-Hill, 1987), pp 84–85 For a discussion of such feelings, see generally Nancy Chodorow, *The Reproduction of Mothering Psychoanalysis and the Sociology of Gender* (Berkeley University of California Press, 1978), esp pp 199–209

47 See, e.g., Betty Jean Lifton, *Twice Born: Memoirs of an Adopted Daughter* (New York: Penguin, 1977), pp. 133–37, *Lost and Found: The Adoption Experience* (New York: Bantam, 1981), pp. 116–17.

48. See n. 23 above.

49. See text and notes at nn. 7–10 above.

50. For detailed discussions of the many problems with the best-interest standard in the context of custody of older children at divorce, see, e.g., Jon Elster, "Solomonic Judgments: Against the Best Interest of the Child," *University of Chicago Law Review* 54, no. 1 (1987): 1–45; Martha Fineman, "Dominant Discourse, Professional Language, and Legal Change in Child Custody Decisionmaking," *Harvard Law Review* 101, no. 4 (1988): 727–74; Robert H. Mnookin, "Child-Custody Adjudication: Judicial Functions in the Face of Indeterminacy," *Law and Contemporary Problems* 39, no. 3 (1975): 226–93; Richard Neely, "The Primary Caretaker Parent Rule: Child Custody and the Dynamics of Greed," *Yale Law and Policy Review* 3 (1984): 168–86; Rena K. Uviller, "Fathers' Rights and Feminism: The Maternal Presumption Revisited," *Harvard Women's Law Journal* 1 (1978): 107–30; Joan G. Wexler, "Rethinking the Modification of Child Custody Decrees," *Yale Law Journal* 94, no. 4 (1985): 757–820; Ramsay Laing Klaff, "The Tender Years Doctrine: A Defense," *California Law Review* 70 (1982): 335–72.

51. See In the Matter of Robert P. (n. 10 above).

52. See Riggs v. Riggs (n. 10 above).

53. See, e.g., Genevie and Margolies, p. 85; Judith Rubenstein Fuller, "Early Patterns of Maternal Attachment," in *Pregnancy and Parenting*, ed. Phyllis Noerager Stern (New York: Hemisphere, 1989), pp. 117–30.

The Significance of Aspirations among Unmarried Adolescent Mothers

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Adolescent out-of-wedlock childbearing is associated with persistent poverty, particularly among urban underclass black youth. This article examines findings on the educational and vocational aspirations of teen mothers, how they are associated with class and race and how they may influence economic dependence. The analysis suggests the importance of distinguishing between poor teens' socially normative aspirations and their ability to fulfill those aspirations.

The nature of unmarried adolescent mothers' educational and vocational aspirations provides an important source of insight into the causes and consequences of contemporary out-of-wedlock childbearing in the United States. The recent proliferation of research about adolescent childbearing includes only superficial attention to the development and significance of teens' aspirations for educational and vocational achievement. Those studies that discuss adolescent aspirations often treat them as primarily individual phenomena, conceptually similar to personality traits and divorced from their social context. There is little attempt to explain specifically how family, neighborhood, religion, class, and other social contexts influence adolescents, and how aspirations

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influence fertility and affect the social and economic consequences of teenage childbearing.

An individual's aspirations cannot be separated from the social context in which they are developed and transmitted. Discussion of teen mothers' educational and vocational aspirations must therefore consider not only the education and careers for which they hope but also to what extent these aspirations reflect the ideals and norms of our society. In addition, it is important to examine what factors enhance or inhibit teens' ability to work toward and fulfill their aspirations. This study examines these aspects of aspirations and whether they are influenced by teens' class and race. The discussion further suggests directions for the development of policies and programs designed to minimize the personally and socially devastating effects of young, out-of-wedlock childbearing.

Teenage Motherhood and Poverty

Research on adolescent childbearing has documented extensively the educational, social, medical, and economic risks faced by a teenager who becomes a single mother.[1] An increasing proportion of white and the great majority of black teen mothers remain unmarried.[2] Thirty percent of these young women require some form of public assistance.[3] Women who begin their spell of welfare receipt as teenage mothers tend to remain welfare dependent for longer periods than other women and families receiving public aid.[4] Therefore, current concern over teen motherhood centers partly on the real possibility of long-term dependence on public welfare as well as on the tragedy of wasted potential of human life faced by both the adolescent mother and her offspring.

Explanations of Persistent Poverty

Many analyses of the nature of poverty center on the origins and reasons for the persistence of economic and social dependence on public welfare and how best to prevent such dependence. Political bias has tended to influence both research about poverty and analysis of policy and program effectiveness in reducing welfare dependence and related social ills. Heated debate continues over the primacy of underclass "culture" (or subculture) as opposed to social-structural or "situational" factors in the persistence of poverty.[5]

Variants of the cultural model have, in recent years, influenced how the social work profession understood and responded to poverty. The cultural theories explain behavior associated with poverty in terms of adaptive responses to economic deprivation and social and economic marginality.[6] It is assumed that these responses take on lives of their own and develop as bona fide cultural patterns that are self-perpetuating

in successive generations of poor children. Individuals raised in such environments are believed to hold either low aspirations for achievement or aspirations which appropriately reflect values for success derived from an alternative cultural context. See, for example, Rainwater's analysis of the "many lower-class men [who] assign a low priority to work stability in the way they live their lives."[7] The political way in which these theories have been used is evident in the fact that advocates of the cultural perspective have alternately been accused of implicitly "blaming the victim" or praised for demonstrating the resilience and integrity of black culture surviving within a racist society.[8]

In contrast to proponents of a cultural perspective are those who emphasize the larger social-structural determinants of persistent poverty. Ideal aspirations of the poor may reflect those of the larger society, but economic and educational opportunity structures work against achieving those aspirations. Such politically different proposals as the curtailment of public welfare and the emphasis on the need for full employment share assumptions about the primacy of external incentives and opportunity structures in the alleviation of poverty.[9]

Approaches to the Study of Teen Motherhood and Poverty

This study addresses the difficult questions of adolescent parenthood and poverty with an assumption not sufficiently acknowledged by many researchers: how people view their lives is an important factor—perhaps as important as any—in how they lead their lives. The teens' perceptions of their present lives, future hopes, and prospects offer insight into how well the young mothers are able to move toward independent adult functioning.[10]

There is a large body of recent research that examines the relationship between macrosystem-level intervention and demographic patterns, for example, how Aid to Families with Dependent Children (AFDC) benefit levels affect rates of fertility.[11] This study contributes to our understanding of unmarried adolescent motherhood and poverty through a cross-class and cross-racial, microlevel analysis of teen mothers' aspirations. Survey studies have demonstrated the general saliency of aspirations in sexual and parenting decisions among teenagers.[12] The qualitative method employed here allows the complexity of aspirations to emerge, providing a richer and more realistic understanding of the meaning and significance of aspirations in the lives of young women.

Description of the Study

Source of Data

In 1985–86, I conducted in-depth interviews with 28 unmarried adolescent mothers in the Chicago area. The sample included black and

white adolescent mothers, ages 15–20, from middle-, working-, and lower-class families (see table 1). Participants' race was self-identified as black or white. Young mothers were classified as middle class if their parent(s) had held steadily white-collar/managerial or highly skilled work. The working-class subgroup was composed of those teens whose parent(s) worked steadily at semiskilled or clerical jobs. The lower-class group included those whose parent(s) had been significantly unemployed or worked at low-skill or unskilled labor

Participants were referred by seven agencies in the metropolitan Chicago area that provide adolescents with a range of medical, social, and educational services, excluding psychotherapy. (This exclusion was intended to avoid a psychiatrically diagnosed sample bias.) Generalizations of findings from this study are thus limited both by the sample size and by the fact that respondents were selected from agencies that engaged in some measure of intervention.

Data Collection and Analysis

Data were gathered through formal in-depth interviews with tee mothers The interviews were preceded by one focus group that me with black teen mothers from different socioeconomic background at a referring agency. Interviews with participants in this focus grou were semistructured, utilizing a predetermined list of topics. Question were posed in an open-ended manner

As part of a larger interview agenda, the young mothers were aske about various aspects of their educational and vocational aspiration Questions about how the teens' aspirations compared before and afte the birth of their child(ren) also included detailed examination of thei plans for and knowledge of how to achieve their aspirations. Thes questions provide the organizing framework for the presentation an discussion of findings.

Most interviews took place at participants' homes, though a fe occurred in public places such as a library or restaurant, at the discretio

Table 1

Teen Mother Sample Size and Characteristics by Class Status and Race

Class Status	Black	White	Total
Middle class	5	6	11
Working class .	6	3	9
Lower class .	5	3	8
Total	16	12	28

of the participant. All interviews were tape recorded and ranged in length from 1½ to 6 hours.

Audio tapes and field notes of the interviews were transcribed verbatim. The data were then organized according to the themes that were preselected or that identified new areas not anticipated or not included in other research. Within these categories, the data were cross-filed by class and race and compared for difference and similarity in content.

The Significance of Aspirations

An individual's aspirations for the future have significance on several levels. What a young woman desires for her future life reflects her individual hopes, that is, what, presumably, she regards as a "good" life. Her aspirations are also an expression of what kind of life the society in which she lives values. They embody aspects of a collective definition of how members of the society should live, a cultural ideal In as complex and heterogeneous a society as that in the United States, there could not be complete uniformity regarding the perception and acceptance of these central ideals. Family, neighborhood, community, ethnic identity, religious and political affiliation, and so on, are all sources of possible variation from and contribution to the development of ideals. However, each individual ultimately lives within a wider cultural context in a society having a central core of beliefs and norms Thus, every member of a society, in varying degrees, shares these central beliefs and norms.

The above distinction between individual and collective meanings suggests two conceptual tools in the study of aspirations and lower-class adolescent family formation. In the first instance, the emphasis on the individual's vision of her future implies that this vision acts to motivate her behavior. Leaving aside for a moment the crucial distinction between concrete goal setting and ideals, aspirations are commonly assumed to provide a direction for personal striving, an articulation of an ideal end state. This aspect of aspirations is evident in the growing literature on adolescent fertility that includes measurements of some objective level of aspirations for achievement as an important variable in the calculus of teens' sexual decision making. It is assumed that ideal aspirations provide both a direction for individual activity and an incentive to maintain behavior leading to the desired end.

In the social context, a young woman's aspirations suggest the degree of her understanding and acceptance of prevailing social norms—a measure of her incorporation into mainstream society. How these aspects of individual aspirations are related is explored in the following discussion of the study's findings.

Findings

Two major themes emerge from this study that are of particular significance for the discussion of dependence among teen mothers. First, all of the teen mothers, black and white, whether from a middle-class, working-class, or lower-class background, hold aspirations that reflect mainstream values about educational and vocational achievement. Second, there is dramatic cross-class variation in the teens' ability to conceptualize accurately the process of attainment of the goals necessary to fulfill their ideal aspirations. These two themes are discussed below with illustrative interview excerpts.

Aspirations among Teen Mothers

Table 2 summarizes the research findings regarding the teen mothers' educational aspirations after the birth of their children. A clear majority—21 of a total of 28 teen mothers—hope to achieve some kind of postsecondary education, ranging from training in cosmetology, for example, to graduate school. Nine of the 11 middle-class teens aspire to a university degree. However, only three of eight lower-class mothers hope to finish college. All teens, regardless of class or race, say they want to complete high school. At least one member of each class aspires to only a high school diploma. Given previous findings, which associate pregnancy and childbearing with lower aspirations among teens, we anticipated that teen mothers in general would have low aspirations.[13] This is not supported by this study's data on levels of aspirations of teen mothers.

Some young women have specific career goals and view educational aspirations in terms of credentials for future occupations. This specificity

Table 2

Levels of Educational Aspirations of Teen Mothers: Cross-Class and Cross-Racial Breakdown

	High School	Postsecondary Vocational Training	College or Higher	Total
Middle class				
Black	0	0	5	5
White	1	1	4	6
Working class				
Black	0	3	3	6
White	1	1	1	3
Lower class				
Black	1	2	2	5
White	1	1	1	3
Total	4	8	16	28

is expressed by one 15-year-old black middle-class teen: "I want to go to college. . . I want to get into computers and get some kind of certificate to get a job working with computers . . . I want to finish high school, so my parents don't have to push me." A 16-year-old white lower-class teen also named explicit goals for school and career: "I want to go to college and . . . get my nurse's degree or my teacher's degree."

Other teens, both black and white, especially those in the lower class, more often have a general hope to gain enough education to get a good job, one that will allow self-sufficiency and a decent standard of living for themselves and their children. Several teens expressed explicit awareness of the consequences of young single motherhood: less education, fewer job opportunities, and lower income. They sincerely wish to avoid these consequences through education and employment, typified by one 17-year-old black working-class mother: "I would like to get my bachelor's degree one day, . . [and] try to get my master's—as far as I can go. That's my goal, you know, proving I didn't let my parents down. . . . I've got to keep going . . because it will be better for me and the baby." One black lower-class teen, age 15, described her general hopes for achievement: "I want to make my mother proud, so I'm finish school, get me a good education, and go to college. I want to get me a good job. I want to get a little college education, maybe two years . . (and) if I get pregnant again, it won't be so hard."

These young mothers, regardless of class or race, recognize the value of education as a means for ensuring a "better" life—both in terms of fulfilling familial and personal expectations and as preparation for working to support themselves and their children. Such recognition indicates awareness and incorporation of mainstream values about individual responsibility for productive activity.

In terms of changes in aspirations and goals after the birth of a child, some teens have had to change their plans in order to accommodate the responsibility of single motherhood. Those who are more affluent, with more financial and familial resources are better able to carry out their prior goals, like the 17-year-old black middle-class young woman whose grandmother takes care of her baby, enabling her to attend college full time and work part time: "Well, I had it totally planned. I would graduate from high school at 16, graduate from college at 21 . . . get my career together; at 25 I was going to get married. Twenty-eight— baby. . . . I am just like my mother. There is a Plan A and no Plan B . . . you go by the plan you laid out . . . [or] all of the sudden you run out of alphabet letters. And although it changed when I had her, it changed a lot, but some of the stuff I'm trying to still keep on track: graduate from college at 20." Other poorer teen mothers had to revise their goals more dramatically, typified by one 16-year-old black lower-class teen: "Before I got pregnant, I wanted

to go to college and run track. But now I'm starting to take some classes to prepare me for a job, like typing and word processing." Common to all of the young women in this study, though, is their hope that they will achieve self-support and self-respect through working.

These findings challenge the usefulness of simply measuring levels of aspirations, as typically conceptualized in most survey studies that examine teens' aspirations. In many studies there is an assumed relationship between different levels of educational and vocational aspirations, achievement, and patterns of sexual and parenting behaviors. Zelnik, Kantner, and Ford assert, "Educational aspirations and patterns of mobility are two areas that we believe, on theoretical grounds, to be components in the explanation of adolescent sexual behavior."[11] A common formulation is that the girl with lower aspirations perceives that she has less to lose in terms of future gains, so she risks future achievement and satisfies emotional needs for love and self-esteem by having sexual intercourse and bearing a child.[15]

There is some empirical support for these suppositions from survey research: reports of higher aspirations among adolescents are associated with behaviors that minimize the risks of unplanned motherhood, including higher rates of contraception and abortion, and lower rates of premarital sexual activity and out-of-wedlock childbearing.[16] In a cross-class study of fertility among black adolescents, Hogan and Kitagawa measured career aspirations as "high (average and above) and low (below average) based on the educational aspirations of the respondents and the family income they expected when they were age 30."[17] They found that living in an underclass neighborhood had a significantly negative impact on adolescents' educational and career aspirations and concluded that high pregnancy rates among black teens "are the result of the unfavorable social circumstances in which many of those teenagers are growing up."[18] However, the influence of aspirations on specific behaviors is implied without adequate specification of the nature of the dynamics behind such an association.

Findings in this study suggest two limitations to the above conceptualization as typified in the work of Hogan and Kitagawa. First, the relative level of ambition reflected in a stated aspiration is not necessarily the most significant aspect of the aspiration. It is not certain that the factors influencing the desire to be a secretary, in contrast to a certified public accountant, directly affect a teenager's sexual and parenting behavior. We cannot assert with any certainty that there is a direct relationship between a teenager's specific level of ambition and her level of achievement. The aspiration to work and be self-supporting may be more important in a teen's life than the specific job desired.

Second, the data presented below indicate a dimension of a teen's aspirations that is not recognized, and is even confounded, by the simple measurement of a level of aspiration. That is, there is a difference between wanting to work and having the ability to act on that desire.

Aspirations and Barriers to Achievement

What does it mean for young women of different socioeconomic status to hold similarly conventional aspirations? All of the teen mothers in this study hold ideal aspirations that are minimally congruent with societal expectations of functioning citizens. No one wants to be poor, as stated by one 17-year-old white lower-class mother: "It's getting real sick—we don't have no money. . . . The baby wants one thing and another and I want to be able to give it to her." Another 16-year-old black lower-class mother expressed acute self-consciousness about being perceived as a "welfare mother" and wishes to better her life: "When I was pregnant and going places with my son, I mean it's like people are looking at me, and I wish I could just read their minds and imagine what they're saying. . I don't expect you to say it's wonderful. I don't think it's wonderful. But still, you know, that doesn't make me terrible I'm still human. . . . I made some mistakes, but I want to pull myself up and change, you know, from where some people are looking down on me." Young women do not aspire to being welfare mothers; they have internalized the dreams that conventionally define success in our society. At the same time, the observation that poor teen mothers have ideal aspirations that reflect mainstream values does not provide a complete picture. This study suggests that we must also acknowledge the degree to which class circumscribes individual opportunity and, to a large extent, behavior. To be aware of and to want the standard of living that accompanies success in our society is not synonymous with having the ability to translate desire into behavior that will reap hoped-for rewards Both black and white lower-class teen mothers here differ from the those in the other classes in more than their access to resources and opportunity. They also differ dramatically in their knowledge about how they—indeed anyone—should go about attaining educational and vocational goals. Such knowledge includes how crucial opportunity structures work, notably educational and employment-related institutions, and how to gain access to them. This distinction between a young woman's ideal aspirations and her ability to fulfill them suggests that a measurement of her level of aspiration may be misleadingly simplistic as a predictor of achievement.

While the middle-class teens, both black and white, hold a range of specific aspirations, they most consistently display knowledge of how to set and attain their goals. All of the middle-class teens describe their future in concrete and specific terms, exemplified by one 15-year-old black middle-class teen: "I want to go to college after high school. . . I want to get into computers. . . . In summer school I plan to take some computer classes. . . . My mom was taking care of my daughter, but my daughter will be going to day care, so I can attend day school in September." One 19-year-old white middle-class mother plans to

begin work as an electrician's apprentice, although her parents prefer to have her attend college.

In addition to their ability to project themselves into an imaginable future, the more affluent teens are also able to assess realistically how their past and present may affect the future as described with acute awareness by a 17-year-old black middle-class mother:

> I know it's bad dropping out of high school . . . but I'm going to get my GED and then college. . . . My father tells me how important it is to graduate from high school, and when I do start college and look for a job they're going to look back on that "Well, she started this and she didn't finish—how is she going to be at this job?" It's not like I'm dumb or anything, like I'm saying they're not going to pay attention to that. . . . I understand all that, and that's why I want to get that GED and not play around home for a few years. . . . if you don't go to college, what else are you going to do? Are you going to work at Burger King for the rest of your life?

The working-class mothers are somewhat less clear about plans for obtaining their desired education and employment, but the differences between them and the middle-class teens are more a matter of degree than kind. One 15-year-old black working-class teen stated that, in order to achieve her goal of becoming a court reporter, she must attend business school after high school, but she doesn't know how long it will take to finish her degree.

As is evident in table 2 above, the working-class teens' educational aspirations are lower than those of more affluent adolescents—particularly black middle-class teens—who generally aspire to a 4-year university degree. This may reflect in part a realistic assessment of their financial resources relative to the cost of education. That is, their lower aspirations may indicate a familiarity with educational and employment systems that discourages false hopes for highly paid and prestigious careers. For example, one 18-year-old white working-class mother is interested in becoming a paralegal, but does not think she can afford the $4,000 tuition for community college. Another white working-class mother who graduated from high school and works full time would like to change careers, but doubts whether it is feasible: "I'm very interested in art, and in using art as a therapy. That's what I wanted to go into, but it takes a lot of money. And for that type of field, well, I'd have to go to school full-time, which would mean I couldn't work, which would mean I couldn't support myself and my son."

In general, the working-class mothers have adequate knowledge about the general steps they must take to attain their aspirations. They also possess the skills necessary to maneuver their way through the appropriate bureaucracies and systems. The young woman with a child must often be more resourceful and persistent than the average

young woman, but both working-class and middle-class teens in this study are familiar with the opportunity structures that allow them to set and achieve realistic goals.

Not only are the middle-class and working-class mothers reasonably realistic in their assessment of how to achieve their goals, they are relatively confident of their abilities to persevere in working toward their goals and to control the direction of their lives. An 18-year-old white middle-class mother exemplified the young women's self-confidence when she stated, "I can achieve anything I want to, believe me."

Many young women evince a sense of solemnity as they reflect on the challenges of reaching their goals with the responsiblity of motherhood. However, most are doing their best, often with help from their families, not to let what they almost unanimously and explicitly view as a mistake drag them down. One 18-year-old black working-class mother describes her uphill struggle to succeed despite the odds against her: "I just got to believe in myself. I just keep telling myself I'm going do it, and I'm going to prove everybody wrong. . . . I just got to take one step at a time. I know sometimes it's going to be hard because I have the baby to attend to, but I gotta keep going, me and him, because it will be better for me and the baby." One 15-year-old black working-class teen looks to her mother for support and encouragement in working toward her goal. "I do want to make it through high school and try to go and be a court reporter. I think I could do it, if I put my mind to it. My mother says, 'It's hard work, Roberta, but you can do it. If I can do it, you can do it.'"

In what way do the lower-class teens present a different picture from the middle-class and working-class teen mothers? The lower-class teen mothers aspire to a "better" life but display only a tenuous connection to critical educational and vocational systems. This is evident in their vague descriptions of what is entailed in gaining the skills to qualify for a particular job, or even what a desired job is actually like, exemplified by the following three black lower-class teens, all age 16:

> After I get me a job, if I need to go through school, through another school, I'll go. . There are these secretary jobs; I'm gonna see if I can get me a secretary job. I'm taking up a lot of skills for it.

> I don't know, maybe I'll be a secretary I don't know, I want to work with typewriters, where I could have my own desk

> I want to be a beautician. . . You know, you have to finish school, you know, you have to go to school, some kind of beauty school, to learn the ropes and things

The lower-class teens have a general vision of where they would like to work, but lack concrete details about exactly what steps will lead them there or what tasks will be required once they have arrived.

The effect of lack of knowledge on these poor young women is worsened by doubts that they can overcome the barriers to achievement that exist in their present circumstances. They regretfully acknowledge that their chances of success are limited, despite a sincere desire to move up into a more affluent and rewarding life.

One 16-year-old white lower-class mother assessed her chances of fulfilling her desire to become a "nurse or a teacher" as "not too bad, not too good" because "well, it's going to be hard. I know that now 'cause the money situation money-wise is going to be real rough. . . . I don't know. I guess it's because I'm not going to want to do it. It's probably going to be—I'm going to feel like it's too much schooling. It's too much work or something."

The lower-class teens exhibit a sense of passive acceptance of the future, a profound doubt that they can muster the wherewithal to master their lives. They seem to believe that the future will probably resemble the present despite their best efforts to the contrary. This may contribute to the much higher incidence of repeat pregnancies among the lower-class teens (see table 3), about three times the rate of repeat pregnancies found among more affluent teen mothers in this study.

In discussing how they wished their lives were different, nearly all of the teens in all classes spoke with some bitterness about the consequences for their future lives of being teen mothers. While few wished that their child had not been born, once conceived, all but two judged their situation as undesirable. However, the middle-class and working-class mothers did differ from the lower-class teens in one important respect. Their perceptions of the meaning of the child in their projected scheme of life influenced their determination to prevent compounding past mistakes, most notably by preventing a second pregnancy through sexual abstinence or the use of birth control.

The lower-class teens, in contrast, even expressed at times the inevitability of having more children, typified by a 16-year-old black teen. "In five or ten years? I don't know, I probably will be somewhere out of this state, I don't know. . . . I'll probably find something else, something better I like to do, or I might have some kids."

Table 3

PREGNANCY OUTCOMES BY CLASS STATUS FOR ADOLESCENTS EXPERIENCING MORE THAN ONE PREGNANCY

Class	Abortion	Live Birth	Total
Middle class	1	1	2
Working class	0	0	0
Lower class	1	5	6

Discussion

This study found that nearly all of the teen mothers from all classes hope to achieve education beyond high school, most aspiring to a university or 2-year professional college diploma. Regarding intergroup differences, both black and white lower-class teen mothers hold aspirations that tend to be less objectively ambitious in terms of job status and educational level than the more affluent teens but that fall well within normative expectations of productive activity leading to economic self-support

The lower-class young women express ideals and values that reflect acceptance of conventional definitions of educational and vocational success. This represents a powerful argument against cultural relativists and others who rely on notions of "culture" to argue that the poor live in such a separate world that mainstream values and aspirations cannot fully penetrate the boundaries that define the lower-class response to poverty. Rather, the teens state a desire to complete their education and to work in occupations that reflect mainstream standards of respectable employment.[19] Certainly, American teens in general vary in their degree of ambition, as do these teen mothers What is significant here is that the lower-class teens do not express ideals indicative of an "alternative value system," but instead are dissatisfied with their marginal economic and social position in society.

Most of the lower-class teens, regardless of their race, acutely feel that they have made mistakes, that their lives are undesirable, and that they wish they had a better standard of living. Yet they generally do not possess sufficient external or internal resources to utilize the appropriate educational and vocational systems to take advantage of what opportunities do exist. Thus they labor under disadvantages that are not sufficiently recognized by situational environmentalists who argue that opportunity and incentive are the most important motivating forces in an individual's life. The lower-class teens are substantively unfamiliar with critical social institutions that would allow them to attain their conventional aspirations. The disparity between ideal values and skills and knowledge is compounded by, and contributes to, a lack of confidence in their ability to overcome this distance through individual effort. This lack of confidence increases the likelihood of repeat pregnancies that, in turn, create further barriers to achievement of their aspirations.

This study suggests that by the time they reach adolescence, the lower-class young women have significant deficits in crucial areas of knowledge and skills. The absence of quality education and meaningful opportunity define the social context in which they grow up. They also express a lack of hope, of a sense of personal mastery, and of the perception that genuine life options exist for them. As Clark observed

among the poor in Harlem, "Real hope is based on expectations of success; theirs seems rather a forlorn dream."[20] Consequently, their aspirations have no immediacy and are too distant to be sources of motivation today.

Policies and programs designed to prevent long-term economic and social dependence among adolescent mothers must support and build on the teens' understanding and acceptance of normative expectations of self-supporting adult behavior. This study suggests that such societal expectations are congruent with the teen mothers' own hopes.

However, it is important to distinguish between a young woman's aspirations and her ability to realize those aspirations. Poor young mothers must be provided with the individual support and education to increase their ability to take advantage of existing opportunities. This means that teens growing up in poverty require special support services such as educational and training programs, child care, and counseling in order to overcome individual deficits in knowledge and skills as well as in resources. These young women must also have tangible evidence that such effort has a chance of being rewarded in the form of meaningful employment opportunity. Thus social and economic policies and programs must concentrate on enhancing both individual efficacy and meaningful job opportunities for poor young women.

Nonpoor young mothers also need support services that mitigate the worst consequences of early parenthood. For example, flexible educational programs for pregnant teens and the provision of child care to allow teens to continue their education and job preparation are important services. Insofar as young mothers from both poor and nonpoor backgrounds hold aspirations that reflect normative expectations, services that assist them concretely in realizing their goals would significantly contribute to preventing economic and social dependence.

Notes

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3 The 1985 Current Population Survey extract analysis prepared by the Institute for Research on Poverty, University of Wisconsin—Madison, see also Sandra K Danziger, *Breaking the Chains From Teenage Girls to Welfare Mothers, or, Can Social Policy Increase Options?* Institute for Research on Poverty, Discussion Paper no 825-86 (Madison University of Wisconsin Press, 1986), p 3

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8 Robert Staples and Alfredo Mirande, "Racial and Cultural Variations among American Families," *Journal of Marriage and Family* (February 1980), pp 887–902, Valentine

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16 See n 1 above

17 Dennis Hogan and Evelyn Kitagawa, "The Impact of Social Status, Family Structure, and Neighborhood on the Fertility of Black Adolescents," *American Journal of Sociology* 90, no 4 (January 1985) 837

18 Ibid , p 852

19 Like the men Liebow studied in *Tally's Corner*, these young women are acutely, even painfully, aware of their disadvantaged position and the personal cost of their distance from the resources of the larger society This cost is emotional as well as material

20 Clark (n 6 above), p 32

Recent Advances in Alcoholism Diagnosis and Treatment Assessment Research: Implications for Practice

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This article reviews recent advances in knowledge regarding the diagnosis and evaluation of treatments for alcoholism. These include changes in the definition and measurement of alcoholism, controlled drinking versus abstinence as treatment goals, the efficacy of various treatments, and the growing evidence concerning the salience of environmental factors in the recovery process from alcoholism. Finally, we discuss the implications of these advances for clinical practice.

Definition of Terms and Overview

Within the field of alcoholism, a new paradigm of evaluation research incorporating both extratreatment factors and traditional treatment-related variables is being increasingly utilized.[1] Within the context of this expanded conception of evaluation research, both pretreatment

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and posttreatment functioning and environment, which are highly correlated, are considered extratreatment factors. Life-context circumstances, such as stressors, family, and work environments, are considered pretreatment and posttreatment functioning and environmental variables, as are stress-mediating abilities such as problem-solving and coping skills. These extratreatment factors, and in particular posttreatment variables, have been found to play an increasingly important role in the alcoholic recovery process. More specifically, outcome studies find that alcoholics receiving formal treatment demonstrate minimally greater improvement than no-treatment controls on a variety of indexes related to drinking.[2] Further, Moos and his colleagues find that posttreatment variables, primarily life-context and coping skills, explain as much or more of the variance in outcome as do the combined effects of pretreatment functioning and treatment variables after the influence of pretreatment functioning has been controlled.[3] However, Finney, Moos, and Mewborn point out that much of the variance in outcome on a variety of measures related to drinking remains unexplained.[4] These findings suggest that factors other than those represented by pretreatment functioning and treatment-related variables may be more germane and relevant in unraveling the mystery of recovery from alcoholism.

In this article, we will briefly review recent advances in alcoholism treatment assessment research with respect to the definition of alcoholism and its measurement, and the effectiveness of current treatments. We will then review in greater depth growing evidence concerning the influence of environmental factors on the posttreatment functioning of alcoholics. Finally, we will discuss the implications of these findings for clinical social work practice

The Changing Definition of Alcoholism: Diagnosis and Measurement

There is a growing movement away from the previously widely held conception of alcoholism as an all-or-nothing condition to the conception that it is comprised of a variety of continuous dimensions. That is, the older conception, based on a binary classification system exemplified most clearly in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IIIR), is gradually giving way to a conception of alcohol dependence that takes into consideration varying degrees of dependence and disability. The all-or-nothing binary classification scheme is represented by the categories of alcohol-use disorders found in the DSM-IIIR: alcohol abuse and alcohol dependence. In the DSM-IIIR schema, an individual is diagnosed as either having or not having one or the other of these disorders—hence, an all-or-nothing condition.

This conception is gradually giving way to one based on a continuum of alcohol dependence. An individual can be located along this continuum depending on his or her presentation of certain behaviors related to drinking. In particular, an alcohol-dependence syndrome has been empirically identified revealing specific dimensions of alcohol dependence: a narrowing in the repertoire of drinking behavior (i.e., an ordinary drinker varies drinking patterns based on internal cues and external circumstances, whereas a person with advancing dependence on alcohol will demonstrate a stereotypical drinking pattern that is more a function of avoiding withdrawal symptoms), salience of drink-seeking behavior (i.e., the more dependent a person becomes, the more important it is to obtain alcohol, even to the extent that other, previously important behaviors and activities may no longer be practiced), increased tolerance to alcohol, repeated withdrawal symptoms, repeated relief or avoidance of withdrawal symptoms by further drinking, subjective awareness of a compulsion to drink (i.e., the desire for another drink is perceived by the person as irrational, an attempt is made to resist the desire, but the drink is consumed anyway), and reinstatement of the syndrome after abstinence.[5]

In addition, there is increasing recognition that alcohol dependence is not a problem in itself, nor a disability, but that it becomes disabling when it causes problems in other areas of functioning. Through the jointly sponsored efforts of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) and the World Health Organization (WHO), further distinctions have been made in the definition of alcoholism.[6] Central to the WHO's approach to defining alcoholism is the distinction between the alcohol-dependence syndrome and alcohol-related disabilities. These alcohol-related disabilities are physical, psychological, and social dysfunctions that are a direct consequence of excessive drinking and alcohol dependence. According to the WHO model, a complete and accurate diagnosis of alcoholism involves rating an individual on a continuum of alcohol dependence as well as identifying the presence and severity of any alcohol-related disabilities. Alcohol-related disabilities fall into three major categories: (1) physical disabilities (liver disease, neuropathy, trauma), (2) social disabilities (crime, family distress, work problems), and (3) psychological disabilities (anxiety, intellectual impairment, depression).

Clearly, the tendency for alcohol dependence to be regarded as an all-or-nothing condition is being replaced by a more complex, multidimensional assessment scheme involving not only cognitive, behavioral, and physiological symptoms of dependence but also physical, psychological, and social disabilities that result from dependence on alcohol.

Skinner has incorporated the newer conceptions of diagnosis into a comprehensive assessment framework of alcohol dependence and alcohol-related problems.[7] Building on the WHO conceptualization,

he developed a three-dimensional framework for monitoring alcohol abuse that addresses these three dimensions: drinking history, alcohol-dependence syndrome, and disabilities related to drinking. The first dimension addresses drinking behavior: frequency of drinking, quantity consumed per day, drinking style (e.g., binge, weekends, or other), time of day, drinking situation, and antecedents to drinking. The second dimension addresses the alcohol-dependence syndrome. The third refers to the disabilities related to drinking. Skinner points out that although the three dimensions may be related empirically, they are conceptually distinct and may not all be present in any one individual, and even if they are, they may not all be present in the same degree Skinner recommends that these three dimensions be used as criteria for evaluating treatment outcome.

Numerous methods of measuring alcohol use by persons undergoing treatment are presently used: retrospective self-report; objective methods, including laboratory tests and biochemical markers; collateral reports; official records; and physical examination. For a review of findings concerning the validity and reliability of these major ways in which alcohol use is measured in treatment, see Skinner.[8] Of these, retrospective self-reports are the most widely used method of measuring alcohol use by persons in treatment. However, the use of retrospective self-reports to measure alcohol consumption and drinking-related problems has generated much controversy. In an analysis of the literature concerning this controversy, Babor, Stephens, and Marlatt conclude that these measures can be used to collect valid and reliable information if they are administered with certain precautions designed to minimize bias.[9] Five sources of bias were identified: (1) ambiguous role requirements or task definitions, (2) lack of specificity concerning desired responses, (3) respondent forgetting events occurring in the past, (4) respondent remembering events inaccurately, and (5) lack of respondent motivation. Numerous recommendations were made by the authors regarding techniques of administration that could minimize these sources of bias.[10]

Controlled Drinking versus Abstinence as a Treatment Goal

Before discussing the efficacy of specific treatments, we would like to touch on a topic of great concern to the field of alcoholism treatment because of its challenge to the disease-model conception of alcoholism This issue is the appropriateness of treatment goals for specific kinds or subtypes of alcoholics: abstinence or controlled drinking.

Heather and Robertson reviewed 26 controlled studies that examined this issue.[11] These authors contend that there are two major types of alcohol-abusing persons: those who are seen in clinic populations, and

problem drinkers who never come for formal treatment—the type found by Cahalan and Cahalan and Room in their epidemiological studies of drinking patterns in the United States.[12] In their review, Heather and Robertson found that (1) the latter group had rarely been hospitalized for their drinking problems, whereas most of the former group had; (2) the latter group had never reported withdrawal symptoms, whereas the former had; and (3) the latter group reported consuming fewer absolute ounces of alcohol than the former. Within the field of alcoholism research, an individual in the latter group is often referred to as a "prealcoholic" person—someone with a beginning or mild dependence on alcohol and an absence of alcohol-related disabilities—while a person in the former group is often considered to have a more severe problem with a greater dependence on alcohol and possessing alcohol-related disabilities. Heather and Robertson further found that for both groups of drinkers sustained reductions in consumption could be obtained, that there was no evidence that a controlled drinking goal was a barrier to abstinence for the clinic population, and that abstinence appears to be an inappropriate goal for the prealcoholic person due to the decreased probability of such individuals remaining abstinent after controlled drinking treatments.[13]

Similarly, other investigators report that a small proportion of treated alcoholics in a variety of treatment settings and programs were able to return to moderate drinking without serious problems occurring.[14] Moderation is defined in these studies as an average consumption of less than 5 ounces of absolute alcohol per day, and the absence of alcohol-related symptoms, work problems, or rehospitalization. The conclusions of these studies, however, were based on follow-up periods of only 6 to 12 months. Other investigators (notably, Polich; Orford, Oppenheimer, and Edwards; and Finney and Moos) indicate that over a follow-up period of between 2 and 4 years, the relapse rate is greater for moderate drinkers 6 months after treatment as compared with those who were completely abstinent at that time.[15] Orford and Keddie attempted to determine if an individual's belief in his or her own ability to drink in a controlled manner was related to severity of alcohol dependence, drinking history, family history of alcoholism, or previous ability to abstain, and whether these factors are predictive of an individual's choice of abstinence or controlled drinking as a treatment goal.[16] They concluded that it would be very difficult to predict accurately the appropriateness of treatment goals at intake on the basis of any of these variables except for the most severely dependent persons.

Thus, while evidence exists for the possibility that some drinkers can safely return to moderate drinking, . appears that it takes some people longer to relapse than others. Another possible explanation of the evidence lies in the different ways the term "alcoholic" is used. In many studies reporting on moderate drinking among alcoholics, with

the exception of those reviewed by Heather and Robertson and Finney and Moos,[17] little information is provided about the person's severity of alcohol dependence, history of alcohol abuse, or extent of alcohol-related disability. Similar problems concern the meaning of moderation in many of these studies. A recent report by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) suggests that the following questions need clarification: "In the small number of alcoholic subjects who have reportedly established a pattern of moderate drinking, how stable is that pattern over time? How much is this drinking pattern altered by stress, anxiety reactions, and environmental factors? What are the risks of resuming drinking compared with abstinence in this group? What are the characteristics of patients who have developed moderate drinking patterns in terms of age, sex, socioeconomic level, marital status, and drinking history? To what extent does the existence of a belief in moderate drinking increase the risk of relapse in alcoholic patients?"[18] Clearly, much still needs to be learned about the appropriateness of treatment goals for persons with severe or moderate drinking problems. Some contend that in the former case, abstinence may be a more appropriate treatment goal, whereas in the latter, moderation in consumption may be appropriate. Still others, most notably NIAAA, contend that abstinence is the only appropriate goal for both groups.

Efficacy of Treatments and the Issue of Client-Treatment Matching

Within most residential, hospital-based, and outpatient programs, a variety of treatments are offered in the expectation that at least one of them will have a positive effect. These treatments include pharmacotherapy, psychodynamic individual and group therapy, family therapy, behavioral therapies, and Alcoholics Anonymous (AA). Several reviews of the efficacy of various treatments have been compiled elsewhere.[19] The interested reader is referred to these reviews for detailed summaries of these studies. Here, however, we will briefly highlight the major conclusions derived from these reviews.

As in most outcome research performed within the helping-related professions, some common difficulties in gleaning generalizations from studies assessing the efficacy of alcoholism treatments are that different investigators use different outcome measures, employ different treatments, do not explicate treatment methods or monitor them to ensure homogeneity of implementation, expose clients to these treatments for various lengths of time, and often are unable to employ untreated control groups for comparison purposes. Related to this is that various treatments are not compared with each other, thereby precluding a determination of the relative efficacy of each treatment. With these

significant limitations in mind, we can say the following about the current state of knowledge.

First, there is limited evidence demonstrating the efficacy of psychodynamic individual or group therapies for the treatment of alcoholism, that is, much more work needs to be done to evaluate the efficacy of these treatments.[20] Second, there is some evidence suggesting the efficacy of family therapy,[21] but much more research needs to be performed.[22] Third, there has been little systematic research assessing the efficacy of AA, primarily due to the difficulties associated with obtaining subjects and other methodological problems.[23] However, some studies have suggested that persons who have a need for structure and group affiliation are more likely to become involved with and derive benefit from AA.[24] Fourth, a growing body of evidence exists demonstrating the efficacy of various behavioral treatments.[25] Such studies reveal that persons tend to benefit from improved interpersonal functioning and higher rates of abstinence and moderate drinking when compared with no-treatment controls at least 6 months after treatment has ended. These treatments include aversion therapy (chemical and electrical), extinction, coping-skills training, social skills training, vocational skills training, assertiveness training, contingency management, deep muscle relaxation, self-control training, cognitive restructuring, drinking-skills training, and marital-family therapy. However, the behavioral literature suffers from a lack of comparison with nonbehavioral treatments.

In a recent review of 68 outcome studies assessing the efficacy of various behavioral, nonbehavioral, and multimodal treatments for alcoholism between 1978 and 1984, Riley and others found that persons treated with behaviorally oriented approaches ($N = 4{,}894$) had a 41 percent success rate (defined with some variation among studies) and a 10 percent failure rate, while the nonbehaviorally treated persons ($N = 9{,}652$) had a 34 percent success rate and a 10 percent failure rate.[26] These rates are almost identical to a similar review of the literature that covered the period from 1951 to 1973.[27] Riley and others concluded that there is no clear evidence demonstrating the beneficial effects of any treatment over another, that there has been no appreciable change in treatment efficacy since previous reviews, and that all treatments appear to have minimally beneficial effects at best.[28]

Matching Clients to Treatments

While the issue of matching clients to therapies is one that currently pervades all fields of practice, very little is known to date about combinations of treatments, clients, and circumstances that result in the most efficacious outcomes for alcoholism. It is known that treatment varies in quality, and practioners who have higher levels of interpersonal

skills tend to have clients who drink less, relapse less often, and recover more quickly after a relapse.[29] As in other areas of psychotherapy, research reveals that the perspectives and attitudes of the therapist, which are functions of training, experience, and self-esteem, also affect treatment outcome.[30]

Still, evidence regarding the differential effects of various treatments for specific types of alcoholics, often referred to as the "matching hypothesis," has been hampered by a number of methodological problems. First, a classification system for types of alcoholics (i.e., the prealcoholic and more severely alcoholic individuals mentioned above) has not yet been developed. While family history, psychiatric disorder, alcoholic symptomatology, and organic brain dysfunction are potentially differentiating characteristics, they have not been integrated into a systematic typology.[31] Second, in a review of studies from 1957 to 1979 that matched clients to treatments, Skinner found evidence for matching that came from experimental studies using random assignment, whereas the nonexperimental, correlational studies did not support matching as consistently.[32] Further, Skinner contends that in a number of studies the treatments evaluated may not have been sufficiently distinct to detect differences.[33]

Most recently, some investigators found evidence for matching when clients are grouped according to psychiatric symptom severity at intake (low, moderate, and high severity). Specifically, McLellan and colleagues found that clients with high severity of psychiatric symptomatology at intake benefited the least, if at all, from any of the treatments offered, while clients with low levels of symptomatology benefited most often from all of the treatments.[34] Further, they found that persons with moderate levels of symptom severity benefited more from treatments they were assigned to based on problem severity (i.e., appropriate client-treatment matching) when compared with similar persons who were assigned to treatments that were not based on problem severity (i.e., intentionally mismatched). In both instances, treatment providers were blind as to reasons for assignment. Outcome measures in these studies included physical illnesses, employment-related variables, alcohol consumption, family disruptions, legal complications, and psychiatric symptomatology. To date, these studies provide the most compelling evidence in support of the matching hypothesis.

Importance of Environmental Factors

There has been a growing movement in the research literature that focuses on social and environmental factors related to recovery from alcoholism. Ogborne, Sobell, and Sobell recently identified several lines of research that support this trend in the alcohol-abuse field: (1) epidemiological studies, (2) studies of various behavioral treatments, (3) treatment-outcome studies that examined the influence of post-

treatment environments on outcome, and (4) studies of the natural recovery process.[35] In addition to this, Marlatt and his colleagues found social and environmental factors to be associated with relapse.[36] Here, we review briefly some of the major findings from these areas of research, excluding behavioral treatments because of their discussion above, and then examine longitudinal studies of the influence of posttreatment factors on outcomes in alcoholism treatment.

The first line of research suggesting that problem drinking is related to demographic, sociocultural, and economic factors consists of epidemiological studies.[37] These studies found that an individual's environment may facilitate or may obstruct alcohol consumption. For instance, in an environment where heavy drinking is the norm and the primary outlet for life stressors is the local tavern, it would be more difficult to stop drinking than it would be without these sociocultural and environmental norms and pressures. Furthermore, several studies suggest that individuals often move in and out of periods of problems with alcohol use.[38] Some individuals may start to use alcohol, realize they cannot drink safely, and stop; some may continue to use it until they manifest many symptoms of the dependence syndrome and alcohol-related disabilities, while others may have several periods of alcohol use during their lifetime that can be characterized as somewhere along this continuum of problem-free versus problem-laden alcohol use. Thus, the duration of any individual alcohol-use period for any given individual is considered variable.

Another line of research has found stable and unstressful posttreatment environments to be associated with reductions in both consumption and alcohol-related problems, whereas environments having few family and work resources and little support or minimization of stress are associated with poor outcomes. Orford and Edwards, the first to study the effects of posttreatment environments, discovered that alcoholics having stable and cohesive marital relationships had a 50 percent greater chance of improving in functioning than alcoholics without these supports.[39] More recently, a program of research conducted by Moos and colleagues revealed that posttreatment experiences explain as much or more of the variance in outcome as pretreatment functioning and treatment-related variables in combination, even when levels of pretreatment functioning are controlled.[40] These posttreatment environmental factors are primarily family and work environments and the coping styles and skills of treated alcoholics. We will discus this research in more depth and focus on the practice implications of this program of research in more detail later in the article.

Just as the above-mentioned factors appear to be related to positive outcome in the treatment of alcoholism, Marlatt and colleagues identified factors related to relapse: situations accompanied by negative emotional states such as depression and anxiety, social pressures encouraging drinking, and interpersonal conflicts such as disagreements and con-

frontations.[11] A related finding is that alcoholics cite relief from psychological distress as the primary reason they return to drinking.[12] That is, inebriated status eliminates the felt psychological distress.

The final line of research relevant to this discussion is that focusing on the natural recovery process, that is, the study of individuals who improve without formal treatment. These studies have demonstrated that certain factors appear to be related to natural recovery as well as to maintenance of recovery from drinking problems These factors are positive changes in a person's social milieu, such as a marriage or birth; positive vocational satisfaction; changes in health (for the worse), as well as previous experience and success at self-control, such as the cessation of smoking or weight loss.[13]

Importance of Extratreatment Factors: Moos's Program of Research

We now turn our attention to a more in-depth discussion of the research focusing on the posttreatment environments of treated alcoholics. There are two reasons why this material is important. The first reason is simply the relevance of the findings for social work since social work practice emphasizes person-environment interactions. Second, these findings herald a paradigmatic shift in the focus of alcoholism treatment research and practice.

Two groups of studies conducted by Moos and his colleagues bear on this discussion. The first contains research on the extratreatment factors affecting the posttreatment functioning of alcoholics,[14] and the second contains research on the social-environmental determinants and effects of relapse and recovery among married alcoholics and their families.[15]

Given that the course of alcoholism is characterized by periodic loss of control over drinking, Moos and his colleagues were guided by a stress and coping framework in an effort to focus attention on the prevention of relapse In evaluating the outcomes of alcohol treatments, Moos and his colleagues take a systems perspective. Because the anxiety, depression, and family conflicts contributing to alcohol abuse often remain after drinking has stopped, Pattison suggests that psychological, social, and occupational functioning of the individual should be assessed routinely in outcome studies since the abstinent drinker may not function without problems in these other areas.[16] Studies of families of alcoholics have revealed relationship problems, absence of family activities, and conflicting perceptions of family dynamics when a member is drinking heavily.[17] The spouse's adjustment to the alcoholic's drinking is affected by and in turn affects the alcoholic's adjustment. Thus, an evaluation of the alcoholic's spouse is also a requisite piece of information in an evaluation of alcoholism treatment. Further, there is ample evidence that children of alcoholics show signs of maladjustment in later

life as well as health and emotional disturbances while living with their alcoholic parent.[18] Absent or intoxicated parents providing inappropriate modeling of coping skills and social adjustment places these children at serious risk of permanent psychological damage. In Moos's framework, the health and psychological well-being of children of an alcoholic's family is considered an aspect of the alcoholic's outcome.

Billings and Moos include life stressors, coping processes, and social resources among extratreatment factors.[49] Marlatt and Gordon found that most alcoholic relapse episodes correlated with stressful emotional states (e.g., anxiety and depression), interpersonal conflict (e.g., confrontation and the expression of anger), and social pressures to drink.[50] It therefore may be concluded that the prevention of relapse is related to the amount of stress an individual experiences after recovery and the extent of that person's stress-mediating, coping, and social resources.[51]

Several studies found that alcoholics report a greater number of negative life-change events before as well as during the recovery process.[52] As yet, this finding is unexplained. Further, some evidence suggests that active, problem-solving coping responses minimize the effects of negative life-change events.[53] Billings and Moos also contend that the presence of cohesive and supportive family and work environments may protect against the influence of negative life-change events that often contribute to relapse.[54]

In studying the effects of posttreatment factors on alcoholics' recoveries, a series of longitudinal studies were undertaken based on the data of over 100 alcoholics who were followed for up to 2 years after treatment.[55] The treatment settings and samples included (1) a Salvation Army program offering milieu therapy and vocational rehabilitation to skid row alcoholics, (2) a public hospital-based facility offering group treatment and ataractic medications to skid row and low-income persons; (3) a county-funded halfway house functioning as a therapeutic community for low-income alcoholics, (4) an aversion-conditioning program treating middle- and upper-middle-class persons, and (5) a milieu-oriented program attended by middle- and upper-middle-class persons. The study sample included persons who recovered (N = 55) from drinking during the whole 2-year period, as well as those who relapsed (N = 58). Persons were considered relapsed if they had been hospitalized at the 2-year follow-up or if their drinking-related disabilities were so severe that they were not classifiable as moderate drinkers. There were 13 cases in the recovered group who had continued drinking in moderation at the 2-year follow-up but were included in the analyses because they did not demonstrate any alcohol-related disabilities at that time. Data were also collected from the spouses of these individuals. All cases in both groups had a matched community control with no history of drinking problems to serve as a baseline against which to compare the extent that recovered alcoholics

were functioning adequately. Matching was based on residence (same census tract) and the following sociodemographic variables: sex, age ethnicity, religion, education, and family size. The following findings are based on these cases and the studies cited above.

The 2-year recovered group was compared with the matched community control group on such variables as self-confidence, depression anxiety, number of informal social contacts, current employment status and number of job changes in the past year. The recovered alcoholics were not significantly different from the community controls on most of these variables except for having slightly more anxiety and fewer social contacts On the other hand, relapsed alcoholics demonstrated significantly more dysfunction than the other two groups on all indexes.

At the 2-year follow-up, spouses of recovered alcoholics were not significantly different from the control spouses on the drinking and personal adjustment indexes, but the spouses of relapsed alcoholics had worse scores on these indexes than either of the other two groups In fact, spouses of the heaviest drinkers reported severe mood disturbances, greater consumption, medical problems, and physical symptoms Similarly, children of recovered alcoholics were not significantly different from the control group of children in terms of emotional and physical symptoms. Conversely, children of relapsed alcoholics reported twice as many health problems and emotional difficulties as either of the other two groups.

Next, the researchers were interested in determining the extent to which pretreatment functioning variables (e g., SES, alcohol consumption, severity of symptoms) and treatment-related variables (e.g type of treatment, duration of treatment) affect outcome (i.e., alcohol consumption, depression, and social and occupational functioning) Persons who had fewer symptoms at intake, had been consuming less alcohol, and had been less depressed at intake tended to fare better at outcome. Further, people who participated actively in their treatment programs and who had taken Antabuse (a nausea-producing aversive drug treatment) had better than expected outcomes. However, even with both sets of variables taken into consideration, less than 25 percent of the variance in outcome measures was explained 6 months after treatment,[56] and less than 20 percent was explained 2 years after.[57] The investigators therefore sought to explain more outcome variance by examining the relative influence of posttreatment factors.

Relative Influence of Posttreatment Factors: Life Stressors and Social-Environmental Supports

At the 2-year follow-up, the investigators found that a variety of stressors characterized the relapsed group that were not found in the recovered

or control groups. Specifically, the relapsed group had more work-related stress, negative life events, greater symptoms of depression and anxiety for both the alcoholics and their spouses, and more family- and work-related stress due to interpersonal conflict and disorganization.[58] Though the relapsed group had significantly more stress than the other two groups, the investigators did not believe outcome was predetermined on that basis. That is, they speculated that the relapsed group dealt with stress in a less than adaptive manner, and this led to their poorer outcomes. In fact, when the groups were compared in terms of their coping styles and skills, the recovered and control groups were very similar in that they were likely to use active-cognitive and behavioral responses after treatment. That is, they were more likely to use cognitive problem-solving skills and to then take constructive behavioral action based on options they developed. On the other hand, the relapsers were more likely to use avoidant coping responses such as taking anger out on someone else or eating or smoking too much. A similar pattern of responses was found among the spouses: more adaptive and constructive coping responses were related to positive outcome in terms of both level of consumption and nondrinking dimensions of functioning. Related is the finding that individuals who reported better coping skills were able to mediate the effects of stress more successfully because of their more constructive coping skills, even though some of them may have had greater life stressors than the relapsed group. Similarly, those individuals who had more social resources in terms of both work (e.g., involved in their jobs, enjoyed people at work, enjoyed cohesive relationships with co-workers and supervisors) and family (e.g., high levels of cohesion, expressiveness, and an emphasis on shared participation in recreational and religious activities, fewer areas of family disagreement, more joint participation in household chores) also were able to moderate the effects of stress and had better outcomes.

Though these posttreatment factors are significantly related to outcome for these groups of individuals, it was important to determine whether these factors had an impact over and above the level of functioning experienced when treatment began—that the posttreatment experiences, in other words, had an effect on treatment that was independent of initial levels of functioning on these variables. In a series of covariance analyses, the investigators found that stressors and social resources were significantly related to follow-up functioning even after controlling for prior levels of functioning as well as initial levels of stressors and coping skills and that they explained between 10 and 30 percent of the variance in outcome functioning. The reader is reminded that this proportion of explained variance is roughly equal to the explanatory power of pretreatment functioning and treatment-related variables acting together.[59]

Implications for Social Work Practice

A number of implications can be drawn from this literature. In gene given social work's oft-cited emphasis on the environmental interacti of individuals and their social systems, the research derived from treatment of alcoholism should give the profession reason for couragement This is because at least this body of empirical resea may be viewed as "catching up" with the profession's orientation practice. The evidence supports the view that environmental fact especially occupational and familial resources, life stressors, and cop skills are crucial determinants of the alcoholic recovery process. I notion of a paradigm shift is crucial here as well From an empha on internal deficits within the individual, the evidence points the v toward environmental determinants of alcoholism.

A related general implication is that these empirical developme present a challenge to the disease-model conception of alcoholi The massive amounts of empirical evidence that have been build in the past 15 years can simply not be explained by the classic dise model of alcoholism developed by Jellineck.[60] He acknowledged t his theory, as all do, requires empirical verification. However, his ultei motive in developing the disease-model conception was to put problem of alcoholism on the national public health agenda He quite influential in moving toward this goal, but the field of alcohol treatment tended to adopt the disease-model conception of alcohol as though it represented an established set of facts Indeed, ma treatment programs currently accept uncritically the veracity of disease model. The alcoholism practice community identified with disease-model concept (and the medical profession) in order to g status, prestige, and to influence the public health agenda, but th was little empirical evidence that this was the best model [61]

Specific practice implications from this literature revolve aroun reconceptualization of treatment for alcoholic persons Clearly, traditional intake-treatment-discharge conception needs to be expan to take into consideration the extratreatment factors discussed abo In particular, practitioners need to plan treatments around these fact and incorporate them in both treatment plans and discharge plann This would necessarily include extensive follow-up work with fami of alcoholic persons and assistance in developing occupational sk and supports, as well as coping skills to minimize the effects of str from these sources of living.

More specifically, since posttreatment factors have been found affect outcomes of alcoholism treatment, it would appear necess for practitioners to measure these aspects of a client's functioning the beginning of treatment in order to get a baseline against wh to compare the effectiveness of treatment. For example, inventor

of recent life events can identify areas of stress. These inventories are available for adults[62] and adolescents.[63] Furthermore, stress may be assessed in the context of a person's family environment. Scales that measure family stress have also been developed recently.[64] Similarly, standardized methods of measuring a person's family and work environments are available. The Family Environment Scale (FES) can be used to evaluate family functioning in three areas: interpersonal relationships, personal growth orientation, and family organization and control.[65] The Work Environment Scale (WES) measures interpersonal relationships, goal orientation, and degree of structure and openness to change in the work setting.[66] In regard to coping strategies, a number of newly developed measures can provide practitioners with information about how an individual handles stress and adjusts or copes with it.[67] Measures of social support from family members, peers, and co-workers are also available.[68] These can provide practitioners with information regarding clients' perceived levels of social support from family, friends, and co-workers.

Once this information is collected, it can be used for treatment planning. For instance, if a person reveals significant family-related stress, a strategy to reduce this stress and develop coping skills should be a part of the person's treatment plan. The information derived from the FES and WES can similarly be used for treatment planning. For instance, since it is known that alcoholics living in extremely disorganized and conflictual families are more likely to relapse, a practitioner can formulate ways to modify or at least mitigate the potentially damaging effects of such family configurations. Information from the WES can be used to identify patterns in the work environment that either need modification or to which the client may need to adjust if they are unmodifiable. Information derived from the measures of social support may suggest that a client must develop ways of improving interpersonal skills in order to expand or improve a social support network. Examples of the application of some of these scales in clinical practice have recently been published.[69] Repeated administration of such measures during and after treatment would give practitioners feedback regarding the effectiveness of the treatment and posttreatment techniques employed, the achievement of treatment goals, and their maintenance during the posttreatment period.[70]

Notes

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Aftercare Services for Drug-using Institutionalized Delinquents

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Transition and aftercare services for drug-involved delinquent youth are sorely needed. Rates of recidivism among delinquents and relapse among adolescent substance abusers are high. Further, since frequent drug use is more prevalent among juvenile offenders compared to nondelinquent populations, it is likely that relapse rates are even higher among delinquent populations. This article reviews existing literature on predictors of relapse to drug use and recidivism to delinquent involvement among adolescents to identify factors that may put them at high risk for return to drug use and delinquency. The implications for treatment are discussed and a model program based on addressing these factors is presented.

Transition and aftercare services for drug-involved delinquent youth are sorely needed. Rates of relapse to alcohol or other drug use following

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treatment are high.[1] Approximately two-thirds of adults completing treatment for alcohol or drug dependence relapse within 90 days of discharge from treatment.[2] While there are many descriptions of adolescent drug-abuse treatment approaches, less research has been completed on the rates of relapse of juveniles following treatment. However, it appears that the rates of relapse are also high among juveniles.[3] Since the severity of use is predictive of relapse and frequent drug use among juvenile offenders occurs more often than among the general population, it is likely that relapse rates are higher among delinquent populations.[4] Further, rates of recidivism (return to delinquent behavior) among adjudicated delinquents indicate that 15–77 percent engage in criminal behavior following release from treatment.

Research has directly linked drug use with recidivism. Drug use prior to adjudication and during the postresidential period has been associated with recidivism.[5] In addition, drug use has often been associated with high rates of offending and with violent offenses, and drug-using delinquents are responsible for a disproportionate amount of crime by juveniles.[6]

These high rates of relapse and recidivism have led researchers, practitioners, and policymakers to ask who is at risk for return to drug use and criminal activity following treatment. Isolating factors associated with recidivism and relapse may help to identify those at risk and to develop interventions to reduce these risks. Unfortunately, little research has been conducted among juvenile offenders on factors related to relapse to drug use after treatment. In contrast, there is an extensive literature on factors that predict relapse in adults.[7] In this literature, the factors associated with relapse have been divided into pretreatment, during treatment, and posttreatment factors. The evidence assembled to date suggests that posttreatment factors appear to be most important in predicting a return to drug use.[8]

A number of investigators have examined predictors of recidivism among adjudicated juvenile offenders. However, preadjudication factors have most commonly been studied, due in part to the need to determine release dates and to assess the safety risk that offenders pose to the community. For example, as will be shown in the following sections, those with severe drug involvement or those with long delinquent histories are more likely to return to these behaviors. The premise of this article is that, in order to prevent a return to crime or drug use, aftercare and transition programs must seek to reduce or buffer the effects of pre-, during-, and posttreatment factors associated with drug relapse and recidivism. This study will identify factors related to relapse and recidivism, identify how these factors can be addressed in program development, and describe a model program developed to address these factors.

Predictors of Posttreatment Relapse to Drug Use

Three large-scale studies of adolescent drug-treatment outcome have been reported in the literature. All of these studies utilized national data-collection systems. Sells and Simpson reported on data from 5,105 clients under age 20, who were admitted to drug treatment centers participating in the Drug Abuse Reporting Program (DARP).[9] All clients who entered treatment between 1969 and 1973 in 52 programs were included in the sample. In addition, they reported on a 1–6-year follow-up of 587 subjects from the 1969–72 cohorts, including a control group that completed intake and follow-up interviews only. Hubbard and associates analyzed data from a sample of 375 clients under age 20, selected from 1979–80 admissions to programs included in the Treatment Outcome Prospective Study (TOPS).[10] A third large-scale study of adolescent drug treatment has been reported in five articles published by Friedman and colleagues.[11] Using data from the National Institute on Drug Abuse—Client-oriented Data-Acquisition Process (NIDA-CODAP), the authors analyzed outcomes on over 5,000 adolescents admitted to drug treatment programs across the country in 1979 and 1980.

A fourth study looked not at drug-abuse treatment but at the impact of treatment for delinquency on the drug use of delinquent adolescents. C. J. Braukman, Bedlington, Belden, B. D. P. Braukman, Husted, Ramp, and Wolf examined the effects of a group-home treatment program on delinquents' drug use.[12] In this study, 91 clients in Teaching Family group homes were compared with 150 clients in non-Teaching Family group homes. Teaching Family group homes are based on social learning theory and utilize behavior modification, skill teaching, self-government, motivation, relationship development, and youth-advocacy interventions.

These studies are similar in that they attempt to describe treatment outcome and identify predictors of outcome for adolescent subjects. However, because of flaws in sample selection and design, the studies do not provide conclusive evidence concerning the effectiveness of adolescent drug-abuse treatment. For example, differences in characteristics of clients entering different treatment modalities are presented, but these selection effects were not adequately controlled in the study designs. None were experimental studies. Only the studies by Braukman et al. and Sells and Simpson used untreated control groups. Finally, with the exception of studies by the Friedman and Braukman groups, these investigations did not obtain data from programs that were specifically designed for youth. However, in spite of methodological flaws, these studies do provide information on rates and prediction of posttreatment drug use.

A number of different variables have been examined as predictors of posttreatment relapse. Predictors include pretreatment variables, such as drug use, education, employment, criminality, age, race, and psychiatric symptoms. Variables measuring treatment experiences, including treatment-environment scales, duration of treatment, treatment modality, and other program variables have also been identified. These factors are reviewed below.

Pretreatment Factors Related to Relapse

Pretreatment factors of race, age, severity of drug use, and psychiatric symptoms appear to account for a small amount of the variance in posttreatment drug relapse. In the TOPS study, clients who were under age 18 fared better than clients between 18 and 20 years old on a variety of outcome measures.[13] In the DARP study, outcome was predicted by a combination of age and race. Although all groups evidenced favorable changes in opioid and nonopioid use, employment, and criminality, older whites showed the greatest positive change in outcome indices while younger blacks showed the least favorable outcomes.[14] In a series of studies, Friedman and his colleagues found that pretreatment variables were relatively weak predictors of outcome. Psychiatric symptoms explained less than 3 percent, pretreatment marijuana use accounted for 4 percent, and race and number of prior treatment admissions each accounted for only 1 percent of the variance in reduction of during-treatment drug use.[15] Although the population studied had low rates of psychiatric symptoms, perhaps partially explaining the low percentage of variance explained by this factor, other pretreatment characteristics examined were more prevalent.

Pretreatment factors are relatively fixed characteristics. There is little that programs can do to manipulate these factors in order to reduce posttreatment relapse. These factors may be useful in identifying individuals at higher risk of relapse. However, due to the small amount of variance in outcome accounted for, none of these pretreatment characteristics can accurately predict who will relapse.

Treatment Factors Related to Relapse

Treatment modality.—Studies that examine the effects of treatment modality on drug use indicate that most adolescents reduce their use of drugs during treatment; however, marijuana and alcohol use are often exceptions. This finding is consistent across different types of treatment. In the Drug Abuse Reporting Program, Sells and Simpson found decreases in daily opioid use among adolescents from pretreatment to 6-year follow-up.[16] Subjects using opioids daily decreased from 28 percent to 4 percent in outpatient treatment, from 44 percent

to 1 percent in therapeutic communities, from 86 percent to 7 percent in methadone maintenance, from 61 to 2 percent in detoxification treatment, and from 35 percent to 10 percent in the group that completed intake and follow-up interviews only and received no treatment. Decreases in daily nonopioid use occurred in all but the intake-only group. However, the percentage of subjects using marijuana daily remained at 18 percent for outpatient and increased from 22 percent to 24 percent in therapeutic communities, from 10 percent to 21 percent in methadone maintenance, from 14 percent to 22 percent in detoxification treatment, and from 26 percent to 29 percent in intake-only groups. Heavy alcohol use also showed an increase or remained the same in all but outpatient subjects, in which the percentage decreased from 18 percent to 7 percent.

Sells and Simpson report that abstinence rates among youths in DARP increased for all drugs except marijuana, which showed a slight decrease in abstinence. Data on total abstinence from drug use are not available in the DARP study because results are reported separately for each drug. However, the percentage of subjects abstinent from opioids increased from 7 percent in the 2 months before treatment to 66 percent in the 2 months before the 6-year follow-up in methadone maintenance, from 24 percent to 91 percent in therapeutic communities, from 51 percent to 85 percent in outpatient, from 24 percent to 72 percent in detoxification, and from 16 percent to 75 percent in intake-only groups. The percent abstinent from marijuana *decreased* in methadone maintenance, detoxification, and intake-only groups and showed little change or increased slightly in therapeutic communities and outpatient programs. The decrease in abstinence from marijuana in the methadone maintenance group may be due to the substitution of marijuana for opioids or pretreatment suppression of marijuana use by frequent opioid use. Overall decreases in abstinence from marijuana may also reflect the increasing acceptance and use of marijuana in the general population between 1969–72 and 1975–76 when follow-up was completed. In sum, treatment outcomes among programs participating in DARP revealed reductions in use of opiates and nonopiates but not in use of marijuana and alcohol, the drugs more typically used by adolescents.

Hubbard and associates compared residential and outpatient treatment for youth aged 17 and younger and for young adults between 18 and 19 years old.[17] Greater declines in drug use among adolescents were seen in residential programs than in outpatient groups at 1-year follow-up for clients who remained in treatment 3 months or longer. For example, daily marijuana use among youths decreased from 79 percent pretreatment to 12 percent at 1 year posttreatment in residential treatment. In contrast, daily marijuana use increased from 18 percent to 54 percent in outpatient programs. Rates of marijuana and alcohol

use remained high during this 2-year follow-up period, particularly for youth in outpatient treatment. Abstinence rates were not reported in this study.

In the NIDA-CODAP cohorts, frequency of use of each drug reported was reduced by one-half from treatment admission to discharge.[18] No posttreatment follow-up data were reported. In the Braukman et al. study of group home treatment for delinquents, Teaching Family youths reported less alcohol use, less alcohol abuse, and more positive behavior during treatment than did non-Teaching Family youths.[19] However, posttreatment drug and alcohol use did not differ between the two groups.

Other during-treatment factors.—Duration of treatment has been significantly related to posttreatment success in at least two studies. In the TOPS study, clients who remained in treatment at least 3 months fared better than individuals who left treatment prior to 3 months on several outcome measures.[20] Friedman found that time in treatment accounted for 1–2 percent, while staff and client ratings of outpatient programs' therapeutic and organizational environment accounted for between 9 and 25 percent of the variance in reductions in during-treatment drug use.[21]

In another study of during-treatment factors, measures of five categories of program variables, including size, special services, staff training, therapy method, and perceptions of treatment environment were entered into regression equations to predict reductions in drug use during treatment for two cohorts of clients entering programs.[22] The provision of special services accounted for between 10 and 17 percent of the variance, therapy method between 2 and 4 percent, and the size of the program between 0 and 3 percent, depending on the cohort. Thus, the most important variable related to reduction of drug use during treatment appeared to be the provision of special services, specifically, school, recreational, vocational, and contraceptive counseling services. In Friedman's studies, program variables appear to account for a larger amount of variance than do pretreatment factors in treatment completion and drug use during treatment outcomes. These results should be interpreted with caution, however, since the dependent variable was a change score.[23] This score only examined the reduction in drug use from admission to discharge.

The results of studies examining during-treatment factors do not consistently indicate that either inpatient or outpatient treatment is likely to be more effective in reducing the risk of relapse. Although residential clients fared better in the TOPS study, outpatient clients fared slightly better in the DARP study. Group-home programs based on behavioral principles appear to be more successful than other group-home programs in reducing drug use during treatment, but additional services appear to be needed to maintain these reductions following

treatment. The provision of special services such as school, recreational, vocational, and contraceptive counseling services appears to reduce adolescents' risk of relapse during treatment.

Posttreatment Factors Related to Relapse

In Braukman et al.'s study, pretreatment and during-treatment variables combined to account for 28 percent of the variance in subjects' alcohol use, 38 percent for marijuana use, 31 percent for other drug use, and 30 percent for social behaviors during treatment (e.g., getting good grades, helping someone who needed it).[21] These same variables accounted for 19, 38, 20, and 12 percent of the variance in the corresponding posttreatment outcomes. With the exception of marijuana use, pretreatment and during-treatment variables did not predict posttreatment functioning as well as during-treatment functioning. This suggests that other variables may have a significant impact on posttreatment outcome and that these variables need to be addressed in treatment efforts with delinquents. Braukman et al. suggest that "effective post group-home environments may need to be developed," and that treatment strategies such as family therapy and skills training be used to reduce posttreatment relapse.

Only one study was found that examined the effect of posttreatment factors on the outcomes of young drug abusers. There are considerably more studies of adults treated for drug dependence. In these studies posttreatment factors have been found to account for the largest portion of the variance in posttreatment outcomes. Pretreatment factors have accounted for 10–20 percent of the variance in posttreatment relapse, during-treatment factors have accounted for 15–18 percent of the variance, and posttreatment experiences have accounted for roughly 50 percent of the variance in drug-treatment outcome.[25] Thus, posttreatment factors for adults account for more than the combined amount of variance explained by pre- and during-treatment factors. As demonstrated by high relapse rates for posttreatment adolescents, once youths complete treatment, many are unable to sustain the behavioral gains they achieved during treatment. If posttreatment factors are as important for adolescents as they are for adults, it will be necessary to focus more research on the posttreatment prediction if we are to discover and address these potentially important factors. Addressing these posttreatment factors in treatment and aftercare may be critical to long-term program success.

The one study that examines posttreatment correlates of relapse includes a sample of adolescents and young adults, aged 16–27, with a mean age of 20 years.[26] This study examined relapse and posttreatment factors associated with relapse at 1 and 2 years after treatment and reported cross-sectional correlations at each time period.

The authors found three areas of significant associations. First, thoughts and cravings about drugs were associated with relapse. These feelings decreased more for nonrelapsers at 1-year follow-up compared to pretreatment and rose sharply for relapsers at year 2 follow-up. Second, relapsers had less involvement in productive activities including work and school. In an informal interview, relapsers mentioned having difficulties being able to handle the demands of working and establishing social contacts in these settings. Third, relapsers had fewer and less satisfactory active leisure activities. In informal interviews, relapses mentioned that they had difficulty contacting people who did not use drugs.

These posttreatment factors—drug cravings, lack of involvement in productive activities, and lack of involvement in active leisure—have also been found to predict relapse among treated adult drug abusers. If other studies on posttreatment relapse among adolescents replicate these findings, clear implications for treatment will be suggested. These implications will include incorporating strategies to cope with drug-craving impulses, to support and reinforce these coping approaches after treatment, to increase involvement in active leisure during treatment and maintain these activities following treatment, and to increase and maintain involvement in school and work activities.

Recidivism to Delinquency: Related Factors

In the past 20 years, a number of studies of recidivism to delinquency have been completed. These studies have attempted to identify pretreatment, during treatment and, to some extent, posttreatment factors that would allow accurate prediction of who would and who would not return to delinquent behavior following adjudication. Although none of these studies has succeeded in the goal of accurate prediction, a number of predictive factors have been identified which may be helpful in identifying promising treatment approaches.

Pretreatment Factors and Offender Characteristics Related to Recidivism

The greatest attention in the prediction of recidivism has been devoted to the study of offenders' background or pretreatment characteristics. There are three reasons why these factors have been studied extensively as predictors of recidivism. (1) they are often readily available from court or institution records, (2) with the exception of court data on reconviction, studies utilizing pretreatment predictors do not require expensive follow-up data collection, and (3) a main goal of recidivism prediction has been to develop methods by which institutions or court

systems can make sentencing or release decisions regarding young people for whom they are currently responsible. In examining these predictors, our focus is on the implications for developing programs that would prevent delinquent and drug-involved delinquent youth from reoffending once they are returned to the community.

Offense-related predictors.—A number of offense-related variables have been found to be related to recidivism. The younger a youth at first conviction, the more likely he or she is to be reconvicted.[27] Type of offense is also a predictor, with felons and status offenders more likely to be recommitted than youth who commit misdemeanors.[28] Several situational characteristics of the offense (e.g., whether it involved injury or theft, the amount of damage involved, the victim-offender age discrepancy, and whether it occurred outdoors) are related to repeated offending.[29] Youth who commit crimes alone are more likely to be reconvicted than youths who have a number of co-offenders.[30] Previous criminal justice contact is also a predictor. Osborn and West found they could correctly identify 70 percent of recidivists based on the number of previous convictions.[31] Having a previous offense record received the highest weighting among six variables in a prediction model developed by Brundage.[32] Similarly, other investigators report that previous convictions predict reconviction.[33]

Demographic characteristics.—Gender and socioeconomic status are predictors of recidivism.[34] Being female decreases, and low socioeconomic status increases, the likelihood of reconviction. It should be noted that these are fairly isolated findings. Few studies of recidivism included females, and few examined socioeconomic status as a predictor. The demographic characteristics discussed above may be useful for identification of potential recidivists; however, most of these characteristics are not amenable to change.

Personal characteristics.—Many studies have examined personal characteristics, such as intelligence, personality, and interpersonal functioning, as predictors of recidivism. Low IQ is associated with reconviction.[35] However, the one study that employed a nonverbal test of intelligence found no differnce in intelligence between recidivists and nonrecidivists.[36] Other investigators have noted that a large discrepancy between verbal and performance IQ scores is related to recidivism.[37]

Personality factors associated with recidivism include impulsivity, antisociality, and poor social adjustment before arrest.[38] McGurk, Bolton, and Smith found that youth reconvicted within 2 years of release from a juvenile detention center scored higher on projected hostility, suspiciousness, and social nonconformity and lower on conscientiousness than youth who were not reconvicted.[39] In an attempt to validate the Jesness Inventory as a delinquency-prediction instrument, Saunders and Davies found that five scales predicted recidivism for both detention

releasees and probationers: (1) social maladjustment, (2) value orientation (a scale measuring empathy), (3) alienation, (4) manifest aggression, and (5) denial.[10]

Some of these personality characteristics may be viewed as underlying "traits" that are less likely to change with intervention. Other characteristics, which reflect the youth's interpersonal style, may be amenable to change through skill training. These include poor social adjustment, aggressiveness, and lack of empathy. Cognitive skill training has been effective in reducing impulsiveness and aggressiveness.[11]

Ollendick, Elliott, and Matson found that external locus of control, or the belief that outcomes are outside one's own control, was associated with recidivism among previously incarcerated delinquents.[12] The authors suggested that interventions attempt to "'move' the externally-oriented youth into an internally oriented direction so that he can accept responsibility for his behavior and not attribute it to luck, fate or chance." Lack of social skills, interpersonal effectiveness, and social maturity have also been implicated in recidivism.[13] After finding differences in social maturity between recidivists and nonrecidivists, Davis and Copley state, "Youngsters of low interpersonal maturity may well need a lengthy period of treatment during which they can develop basic social skills, [and] the ability to see the relationship between causes and effects."[14]

Other problem behavior.—Other types of pretreatment problem behavior predict recidivism. Early problem behavior, such as lying, aggression, and stealing, is not only related to the development of delinquent behavior but is also related to its repetition.[15] Although a history of drug use has not been the subject of many investigations, when studied, it has been related to recidivism.[16] This suggests that drug use and other antisocial behavior patterns ought to be addressed in both treatment and aftercare programs for delinquent youth

School factors.—A history of poor school behavior and truancy are related to repeated offense behavior, and recidivists demonstrate lower levels of pretreatment school achievement than do nonrecidivists.[17] Delinquent youth returning to the community who have a history of school problems are at particularly high risk to reoffend. This suggests that school factors are particularly important predictors of recidivism, and aftercare programs should include attention to academic assessment, appropriate school placement, and assistance in academic performance and in changing negative attitudes about school.

Family factors.—The pretreatment family environment of juvenile offenders is related to the likelihood of being reconvicted of crimes. Family variables related to recidivism include the general quality of home conditions, a negative atmosphere in the home, parent criminality, and the presence of delinquent siblings in the home.[18] Molof found

that recidivists had a greater number of previous foster home placements than nonrecidivists.[49] Those who came from larger families were more likely to reoffend.[50]

Contradictory evidence exists concerning whether growing up in a one- or two-parent family affects the tendency toward repeated criminality. Some studies have found more "broken homes" among recidivists.[51] The age at which the family composition changes appears to be a factor, although the results concerning age are inconsistent. Kelly and Baer found that 39 percent of those whose fathers left the home before they were 7 years of age reoffended as compared to 12 percent of delinquents whose fathers had not left, and 10 percent of those whose fathers left at age 7 or later.[52] Virkunnen investigated parental death and divorce among delinquent youth.[53] The prevalence of parental death and divorce did not differ between recidivists and nonrecidivists, but recidivists' fathers were more likely to have died during the subjects' adolescence. However, this may be confounded by the fact that a larger proportion of nonrecidivists had stepfathers after their fathers' deaths than did recidivists whose fathers had died. In one study of female delinquents, the relationship between family composition and recidivism was reversed. The highest frequency of recidivism was in the group who had lived with both natural parents, followed by those who had lived with foster parents, and then by those who had lived with a single parent. Although the authors do not provide background data on the subjects which would help in interpreting this finding, they suggest that, "in many instances, competition and tension between natural parents does not exist when a single parent or foster parents rear the child."[54]

Peer and community factors.—Recidivists report fewer nondelinquent friends in their pretreatment environment than do nonrecidivists.[55] Clearly, adjudicated delinquents' associations with others are going to need to be changed after treatment. Because there are high levels of drug use among other delinquent youth, their former peer network also places delinquents at a high risk of return to drug use after treatment.[56] Low neighborhood education level has also been associated with recidivism.[57]

Pretreatment factors and offender characteristics that predict recidivism have been reviewed above. The vast majority of studies of recidivism have been devoted to examination of these factors. As we have pointed out, a number of these factors are not easily amenable to change. Their primary importance may be providing criteria by which potential recidivists can be identified, so that appropriate services can be offered them. Brundage describes one such effort in a Michigan county.[58] A system that identified potential recidivists using pretreatment factors in a prediction model was able to reduce recidivism in the

county. Intensive parole services, including lower probation caseloads and frequent unscheduled contact, were provided to the highest-risk youth.

Important targets of aftercare services are also suggested by some of these pretreatment factors. Programs that provide training in social and self-control skills, help youths to take personal responsibility for their actions, address drug use, school problems, and family problems, and help build social peer groups and discourage a return to delinquent associations have promise for reducing continued crime.

Treatment Modality Related to Recidivism

Treatment modality.—Interventions to treat delinquency have been implemented at four points in the juvenile justice system: (*a*) diversion prior to formal system processing, (*b*) community-based treatment following court adjudication, (*c*) residential or institutional treatment, and (*d*) aftercare following release from treatment. Since the central focus of this article is on aftercare or transition services, this review of evaluations of treatment modality will focus on evaluations of residential programs.

Evaluations of the Teaching Family model have shown significantly fewer offenses committed during treatment compared to group homes based on other models.[59] However, this model has not demonstrated greater success at 1 or 3 years following completion of treatment.[60] Institutional treatment has produced similar results. Early evaluations of guided group interaction approaches reported positive effects of these programs on recidivism.[61] However, more recent evaluations of these techniques reveal no significant differences in recidivism.[62] Jesness found improvements in institutional discipline problems but no differences at 15 and 24 months following treatment for those subjects who received special treatment based on individual assessment compared to those who received regular treatment services.[63] Cavior and Schmidt found similar recidivism rates (58%) 3 years after treatment for institutional groups exposed to behavior modification, individual and group counseling, reality, therapy, or transactional analysis.[64] However, Jesness reported fewer parole violations for those exposed to behavior modification and transactional analysis compared to those receiving routine parole services.[65]

Promising results have been produced with cognitive-behavioral skills training approaches in residential settings. Programs have demonstrated that skills can be improved and lower reoffense rates can be produced.[66] In a meta-analysis of 111 treatment studies conducted with delinquents in residential settings, Garrett found that cognitive-behavioral approaches appeared to be the most successful in reducing subsequent

deliquency.[67] Other approaches that showed positive effects were life-skills training, contingency management, and family-focused interventions. Individual and group counseling interventions did not produce positive effects in reduction of delinquent behavior following treatment. In another metanalysis of community-based interventions in residential and nonresidential settings, Gottschalk, Davidson, Gensheimer, and Mayer found that behavioral interventions and programs that included behavioral components produced the largest number of positive results.[68]

This review of the effects of treatment modality on recidivism has demonstrated that, although several modes of treatment have produced positive changes while youths were in residential treatment, few show long-term effects on reducing posttreatment recidivism. Promising results have been produced by cognitive-behavioral skills training, contingency management, and family interventions; however, the differences in recidivism between the experimental and control subjects were modest and not always consistently demonstrated in these studies. It is recommended that future studies using these methods pay careful attention to experimental design and description of treatment methods so that the inconsistencies and the strength of results for these promising treatment approaches can be further examined.

Other treatment factors.—A few studies have examined more general dimensions of the treatment process as they relate to delinquency recidivism. Length of incarceration was one of 10 items differentiating between recidivists and nonrecidivists in a study by Buikhuisen and Hoekstra.[69] Recidivists tended to be incarcerated for longer periods of time. Friedman and Mann found staff predictions of delinquent youths' success were significantly correlated with several police and court measures of recidivism, but the magnitude of the correlations was too low to be useful in predicting individual recidivism.[70] Youths' own predictions of their chances of parole success are useful in predicting success. One study examined behavior during incarceration and found that delinquents who had fewer disciplinary incidents while incarcerated and who did not belong to youth gangs while institutionalized had a greater chance of success in the two years that followed incarceration.[71]

These factors suggest several treatment processes that might be effective in reducing recidivism. Programs that focus on reducing youth gangs in institutions have promise for reducing recidivism. Programs that enhance youths' motivation to succeed may increase positive predictions of their chances of success. Programs based on enhancing motivation and expectations of treatment success have been developed in the drug-abuse-treatment field and might be applied to juvenile corrections.[72] Programs that teach youth skills to meet their goals without resorting to aggressiveness or other antisocial activities in the

institution are also promising. For example, interventions that teach negotiation, compliance, and social and problem-solving skills have been shown to change skill levels and hold promise for reducing problem behavior.[73]

Posttreatment Factors Related to Recidivism

Only a few studies have examined posttreatment factors related to recidivism. Involvement in productive roles appears to be an important protective factor in the posttreatment period. Osborn and West found employment in the posttreatment period was positively related to success.[74] Wiederander's study concluded that school attendance was related to parole success.[75] As previously discussed, programs that help reintegrate youths into school and find and help them keep jobs also appear promising.

Several environmental factors appear to influence recidivism. Zaib found that parents' willingness to have their child return home accounted for a large proportion of the variance in recidivism.[76] Buikhuisen and Hoekstra found that those youths who moved to a different address than the one they had lived at before incarceration were more successful.[77] However, this variable accounted for only a small portion of the variance. Having nondelinquent friends and associates to whom one is attached in the posttreatment environment is an important predictor of posttreatment success.[78] From these data, one can infer that delinquent youth need a stable family environment to which to return. Relocating and having nondelinquent peer attachments are both helpful in reducing recidivism. To the extent that families can be helped to deal with the returning offender and that the offender can be helped to develop nondelinquent associations in the community, recidivism should be reduced.

Participation in several problem behaviors is associated with reconviction. Youth who engage in drug and alcohol use in the posttreatment period, and those who become involved in fights are more likely to continue their criminal involvement.[79] Programs are needed that reduce drug and alcohol use and teach delinquent youth to deal with provocation without fighting.

Although few studies have included posttreatment factors as predictors of recidivism, the findings of these few have implications for aftercare programming. These findings suggest that involving youth in productive roles, altering the youth's posttreatment environment so that it is supportive of positive change, providing opportunities for association with nondelinquent peers, reducing drug and alcohol use, and teaching skills to deal with anger and provocation may be effective strategies to reduce recidivism.

Summary

The studies discussed above have a number of methodological problems. First, they rely largely on official records of recidivism, and therefore miss youth who reoffend but are not arrested. Thus, while identified variables are valid predictors of reinvolvement in the criminal justice system, they may not be valid predictors of reoffending. Second, many of the studies examine the relationship between one variable and recidivism and fail to control for the effects of other variables. Therefore, it is difficult to determine the relative strength of various predictors. Third, studies often fail to adequately describe the actual measures used, such as the predictor variable or the definition of recidivism, leaving ambiguity as to what is being predicted by which independent variable.

In some studies, significant predictors of recidivism explain only a small percentage of the variance in outcome. For example, Molof began with 54 variables and reduced the number to five variables that were most predictive.[80] However, all five pretreatment variables together accounted for only 6 percent of the variance in recidivism.

One study that illustrates the power of avoiding these problems was conducted by Zarb.[81] A combination of a posttreatment variable (parent willingness to have the delinquent return home) and two variables likely to be operative in the posttreatment environment (number of nondelinquent best friends prior to treatment and juveniles' interpersonal skill level) accounted for 72 percent of the variance in delinquent acts in posttreatment. In this study, the measure of recidivism included both officially recorded acts and acts known by the aftercare officers but not part of the official record. It can be seen from these results that, when variables likely to affect delinquents in the posttreatment environment are included and when acts committed but not resulting in conviction are included, prediction improves.

The above results suggest that not enough attention has been paid to the influence of variables likely to affect the posttreatment experiences of clients. These factors are amenable to change and may hold the most promise for reducing recidivism. We suggest that further research be conducted to identify these factors. We also recommend that services that target the posttreatment period be given a high priority. The findings that many treatment programs produce positive changes during treatment that are not maintained following treatment suggest that transition and aftercare services for residentially treated delinquents have the highest probability of reducing a return to crime and drug use among juvenile delinquents. This hypothesis is reinforced by the success of cognitive-behavioral treatment interventions that have provided youths with specific skills to deal more effectively with their posttreatment environment.

The information presented supports Zarb's conclusions: "The most effective approaches for dealing with property offenders would be characterized by: (1) an environment in which the parenting figures demonstrate a willingness to stick by the boy in spite of anticipated difficulties and personal hardships; (2) a setting or type of treatment intervention that increases exposure to nondelinquent peers and decreases exposure to delinquent peers; and (3) a setting or treatment programme that provides an opportunity for the boy to improve his skill in dealing with interpersonal situations involving parents, teachers, and nondelinquent peers."[82] In addition to these suggested program components, based on the research reviewed above, we would add (4) an intervention that teaches the youth to attribute outcomes to his or her own behavior, (5) a program that provides help in reintegrating the delinquent youth into productive school or employment roles with which he or she may have had difficulty in the past, (6) an intervention that teaches skills to avoid drug use and drug-using peers, (7) an intervention that teaches skills to enhance self-control to reduce impulsivity and aggressiveness, and (8) a program that provides opportunities for the youth to become involved in non-drug-related leisure activities.

A Model for Designing Transition and Aftercare Interventions

Theoretical Approach

Several conclusions are suggested by the factors associated with a return to drug abuse and crime. First, despite gains made during treatment, many children return to lives of drug abuse and crime. Second, several areas of the treatment and posttreatment environments are implicated in their return to problem behavior. These include factors in the individual, peer group, family, school, and community. Third, since these children had multiple problems in different areas of their lives before they were adjudicated delinquents, such as school failure, impulsivity, low social maturity, and drug use, we can expect that many of these problems will still exist in their posttreatment environments. Fourth, several fixed pretreatment characteristics are associated with relapse and recidivism. These include race, committing offense, number of previous convictions (and other early problem behavior), gender, low socioeconomic status, low IQ, and parent and sibling criminality. While these last factors may be used as selection criteria for special or intensive intervention during the treatment phase, what is needed is a comprehensive approach to rehabilitation that addresses the during-treatment factors in the course of residential

treatment, as well as posttreatment factors in the community environment in which a youth will reside.

Faced with this task, how does one go about designing interventions to reduce risk of relapse and recidivism in a comprehensive way? The factors that increase risk of a return to drug use and delinquency provide a catalog of factors to address but do not provide an approach that links these factors in a way that has implications for intervention. The social development model of rehabilitation was designed to organize these factors in a way that provides a strategy to reduce relapse and recidivism.[83] The model is a synthesis of control theory and social learning theory.[84] The social development model is unique in that it has been specified to explicitly include intervention points. This manner of specification results in a model that has program development as well as etiological implications. The social development model of rehabilitation is presented in figure 1.

The social development model hypothesizes that a strong bond consisting of attachment to conventional others, commitment to conventional lines of action, and belief in the conventional moral order inhibits frequent drug use and delinquency.[85] Strong bonds inhibit a return to delinquency and drug abuse in two ways. They reduce these behaviors directly because antisocial behavior threatens relationships to conventional others, threatens investments in conventional lines of action, and contradicts beliefs in the moral order. In addition, strong bonds to conventional others decrease the likelihood of association with delinquent and drug-using peers that, in turn, reduces delinquent and drug-using behaviors.

The conditions for the development of the bond are also specified in the model. It is hypothesized that the bond is produced from social processes in the family, school, peer group, and the community involving (1) opportunities for involvement in conventional activities and interactions with conventional others, (2) actual involvement and interaction in conventional activities, (3) skills to successfully participate in these involvements and interactions, and (4) the rewards forthcoming from performance in conventional activities and interactions. If these conditions are present, children are likely to perceive that the environment provides a chance for them to be conventionally successful and reinforces such actions. If these conditions are not present in an adolescent's environment, he or she is less likely to develop bonds of commitment, attachment, and belief in conventional roles. In the absence of such bonds, frequent drug use and crime may become the most preferable alternatives.[86]

The social development model constructs organize the risk factors for relapse and recidivism that are amenable to change. These are presented in the Appendix.
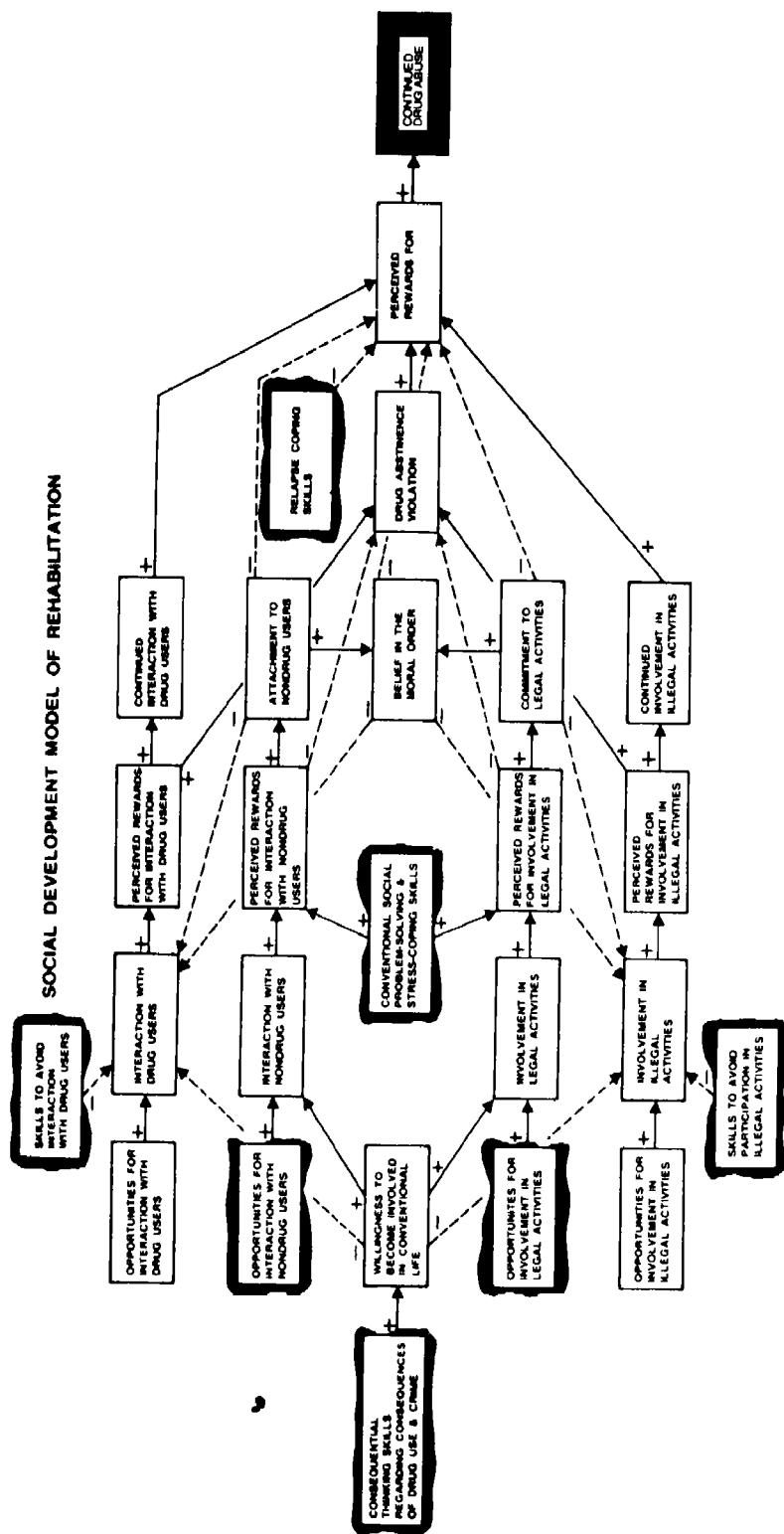
FIG. 1 —The social development model of rehabilitation

Youths who exhibit these risk factors are not likely to meet the conditions necessary for the formation of a bond, are likely to be easily influenced by antisocial peers, and will find little reason to resist individual or social pressures to use drugs or engage in crime. The social development approach suggests that each factor related to relapse or recidivism must be addressed in ways that increase bonding through provision of increased opportunities, involvement, skills, and rewards for positive involvement. An aftercare program for institutionalized delinquents based on the social development approach is described below.

Aftercare Intervention

If lasting behavioral change is desired, it is not sufficient to treat delinquents only in residential facilities and then have them return to environments that earlier supported their problem behaviors. Evidence reviewed earlier suggests that it is possible to identify factors related to successful community reentry. Efforts to develop effective programs should address these factors.

Transition and aftercare services must provide adjudicated delinquents with new opportunities to become involved in conventional life. Often these youth must overcome personal and environmental barriers to such involvement because of past behavior that has limited their access to such involvements. Also, many youth return to environments that offer few conventional activities because of economic conditions or social disorganization.

In addition, youth often require new skills to interact with conventional others and become involved in conventional activities. Many adjudicated delinquents lack these skills. These youth also need skills to refuse involvement in antisocial activities. Deviant peers and social pressure to become involved in deviant activities are potent predictors of relapse and recidivism.

The environment must be able to recognize and support positive changes made by adjudicated delinquents during treatment. Often, changes that are significant for the child are not of sufficient magnitude for others in the environment to recognize. For instance, an assaultive youth talking back to a teacher represents progress that may go unnoticed. Alternatively, the youth may not use what has been learned because of uncertainty regarding performance, fear of failure, or because of resultant negative feedback from individuals who are not sensitive to the need to reinforce successive approximations of conventional behavior. There must be mechanisms in the posttreatment environment that support these changes and communicate them to other actors in the environment so that they can recognize and respond to change.

Finally, interventions must have elements that deal directly and quickly with relapse to drug use in a way that discourages its continuance and ... high rates of relapse

after treatment for addictive substances, the role of substance use delinquent behavior—and the fact that a single use of alcohol another drug need not necessarily lead to a full blown relapse—i important that youth are trained to prevent relapse situations fr occurring and trained to deal with the single use in a way that redu the likelihood that it will result in a return to frequent drug use.[87]

Existing services often fall short of these requirements. In m cases, no aftercare services are provided following incarceration. Wl transition services do exist, they frequently focus on single issues si as school placement or peer networks.[88] In our attempts to link stitutionalized youth with community services, we have found t community agencies are often limited to meeting only one of the m service needs Other agencies exclude delinquent adolescents beca they are too high risk or difficult to manage. More comprehen services are traditionally the responsibility of parole. However, juve parole officers are often overburdened by large caseloads, paperwo and court testimony so that they cannot attend to the multiple ne of these youth.

We designed and are testing an aftercare program based on hypotheses of the social development model and on what is kno about factors related to relapse and recidivism. Project ADAPT i field experiment that works with institutionalized delinquents, all whom are at elevated risk for drug use and delinquency after treatme The goals of the project are (1) to reduce the likelihood of associat with drug-using peers in the community following release, (2) to red drug-dependent or addictive behavior patterns, (3) to reduce crimi activities, and (4) to prevent later need for drug treatment and c rectional services.

The purpose of Project ADAPT is to create conditions for bondi once incarcerated youth return to the community, through enhanc delinquents' opportunities, skills, and rewards for positive involveme The project aims to increase participants' skills for involvement positive, productive activities through systematic training in social r working, impulse control, drug refusal, consequential thinking, rela coping, and problem-solving skills. The program uses a case-m agement system to help participants generalize and maintain sk across life situations, to increase opportunities for involvement in posi relationships and activities, and to provide coordinated posttreatm rewards for positive involvement and negative consequences for tisocial involvement in clients' community environments.

Project ADAPT's intervention approach combines behavioral s training with supportive network development and involvement social activities. The intervention is conducted in two phases, reen preparation and aftercare. The reentry-preparation phase invol participation in a 10-week goal-setting and skill-training group a

institution. During the reentry-preparation phase, group members are introduced to the two goals of the program: staying out of trouble and having fun. They work with case managers to personalize these goals and develop plans for meeting these goals when they return to the community. Case managers take clients on visits to schools, to activities they are interested in exploring, and to their parents' homes or expected residential placements after leaving the institution.

During the aftercare phase, participants continue contact with their case manager for 6 months after release from the institution. The case manager works to reintegrate the client into the family or alternative placement; provides skill practice and reinforcement, helps the client enroll in school, find a job, obtain needed services; assists the client to seek out social activities and develop a supportive social network; and reinforces the clients' development of supportive activities and contacts.[89]

Initial analyses indicate that the project's intervention has produced significant skill changes among experimental subjects. Experimental subjects had significantly higher levels of social and problem-solving skills, self-control skills, and drug avoidance and consequential thinking skills than did their control counterparts. Skills were assessed objectively through taped responses to role-play situations and more subjectively by case managers who work with subjects after release. The long-term effectiveness of the intervention is currently being evaluated through follow-up interviews examining recidivism and relapse rates at 6 and 12 months after subjects return to the community.

Summary

High rates of posttreatment drug relapse and recidivism among adjudicated youth suggest that greater emphasis be placed on aftercare and transition programs for juvenile delinquents. This review has identified pretreatment, during-treatment, and posttreatment factors that appear to be most important in predicting a return to drug use or crime. Knowledge of these factors should be used to develop and test aftercare and transition programs that seek to prevent recidivism or drug relapse. Intervention based on the multiple factors that contribute to these problems may be an effective way to help adjudicated youth make successful transitions following treatment for drug abuse or delinquency.

Appendix
Social Development Model Organization of Risk Factors

Lack of conventional opportunities or involvement:
  Absence of conventional active leisure activities
  Lack of involvement in school or work

- Few non-drug-using or nondelinquent friends
- Lack of rewards for conventional activities and interactions:
  - Lack of family support
  - Family conflict
  - School failure
- Skill deficits:
  - Social
  - Academic
  - Self-control (anger, impulsivity, drug use)
  - Refusal (of drugs, alcohol, or antisocial activity)

Notes

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1. Throughout this article, the term *relapse* will refer to a return to alcohol and other drug use, and the term *recidivism* will refer to a return to delinquent behavior. In general, relapse refers to a pattern of continued drug use, not just a single use. Recidivism, however, generally refers to any reoffending behavior.

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Advances in Developmental Research

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Since the introduction of developmental research and related approaches to social work and social welfare some 10 years ago, many advances have been made that are relevant to the design and development of human service interventions. Selected contributions are reviewed in this article as they pertain to the developmental research phases of analysis, design, development, evaluation, and dissemination. Taken together, I conclude that these contributions made over the last decade represent a solid and steadily increasing accumulation of concepts and methods that enrich developmental research.

Most practitioners, researchers, and administrators in human service have many occasions in their work to evolve and introduce new interventions, yet relatively little attention has been given to the developmental requirements of the task. Developmental research is an emerging methodology, related to social research and development (social R&D) and model development.[1] It promises to make the process of innovation in human service more systematic and orderly and to increase the likelihood of generating better innovations to meet human service objectives.

Although developmental research is a distinctive approach with its own objectives, its methodology presently consists of many techniques and methods from other fields and disciplines that may be adapted to the objectives and tasks of design and development. Developmental research is still very much in its early stages.[2] Many of the contributions to this approach in the last decade have been drawn from more mature

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methodologies, such as conventional research methods, evaluation research, social and psychological assessment, and systems engineering.

Overview of the Developmental Approach

In contrast to traditional research methods in the behavioral and social sciences and in social work, in which the focus of inquiry is on contributing to knowledge about human behavior, the developmental approach emphasizes the means by which innovations in the human services may be developed. The outcomes of developmental research are likewise different from those of traditional research. Instead of yielding findings that shed light on some aspect of human behavior, the outcomes of developmental research are "products" that are the technical means of achieving social work and social welfare objectives. Among the more familiar types of social technology in social work are assessment methods, intervention methods, service programs, organizational structures for delivering service, service systems, and social welfare policy. Less often considered in this context, although equally relevant, are physical structures, such as the architecture of a residential facility for the aged, electromechanical devices, and information systems.

The developmental approach also has a distinctive set of phases. Developmental research proper may be thought to consist of four phases of activity—analysis, design, development, and evaluation that, when followed by the additional phases of diffusion and adoption, may be conceptualized as developmental research and utilization (DR&U). The methods and techniques employed in the developmental approach derive from a variety of fields and are often used in other types of inquiry. However, their application in developmental research is distinctive. I have previously provided a framework for developmental research.[3]

Overview of Current Practices

Over the last decade, there has been increasing receptiveness to the design and development perspective in social work and human service. There is also increasing awareness that the purpose and methods of developmental research are different from, but complementary to those of practice and service, on the one hand, and of traditional research, on the other. Altogether, there appears now to be less resistance to, and less misunderstanding of, developmental research.

Most current practices, however, still reflect an older, haphazard, and nonsystematic approach to problems of design and development. Aside from the work of a handful of researchers, practitioners, and administrators in social work and related fields, the methodology of

developmental research is not widely employed to help solve problems for which that methodology is most appropriate. For example, design and development effort is all too often begun without sufficient prior work on identification and analysis of the problem, state-of-the-art review, and determination of the feasibility of development. Innovations are frequently designed in haste and are based on one or a few relevant sources of information. Interventions are often introduced without prior development, testing, examination for their adequacy, and refinement. Innovations are regularly adopted and implemented without having been systematically evaluated. If they are subjected to evaluation, the interventions are often examined in complex experimental designs, without the benefit of earlier development. When the steps and phases of the developmental research process are omitted or only superficially carried out, a flawed innovation—one that is limited or less sound than it could have been—reaches the user. Prevailing practices relating to design, development, and evaluation are not to be emulated. Advances in developmental research continue to outpace most current practices in design and development.

Advances

Of the many recent contributions to developmental research, only a few will be highlighted here. This review covers advances made in the last 10 years.

Conceptions of a Good Intervention

Although there are, as yet, no general criteria for appraising human service interventions, examination of the literature indicates that more and more criteria are being used. Each criterion (e.g., effectiveness) has implications for the intervention and suggests some of what should be done to meet the standard. When I looked into this subject a few years ago, I identified four sets of criteria.[1] These criteria, in brief, were that the intervention should have (1) objective capability, consisting of effectiveness and efficiency; (2) ethical suitability; (3) adequacy, as indicated by the validity of the informational basis for the intervention, the completeness, specificity and correctness of the procedure, and the extent to which it guides the behavior of those who use it; and (4) usability, as reflected in whether the intervention is relevant to the task, codified, simple, flexible, modular, inexpensive, satisfactory to consumers, sustainable in a host environment, and compatible in its social and technological context.

Another criterion, a fifth type, is the social desirability of the innovation. Not all technological advances are good. Nuclear power, artificial insemination, and genetic engineering are examples of physical technology that raise questions of social desirability. The anticipated

impact and possible unintended consequences of proposed technological innovations should be carefully appraised.[5] Appraisal of the social desirability of proposed innovations is not presently done explicitly and systematically as part of design and development. To my knowledge, there is as yet no methodology for examining the social desirability of human service interventions. However, technology assessment, discussed more fully below, is beginning to be used in some areas of policy analysis for assessing the environmental and other impacts of physical technology and may have applications for assessing the social desirability of proposed human service interventions.[6]

Each of the appraisal criteria indicated above has great importance for guiding the design, development, and evaluation of intervention innovations and for appraising them at each step of the way. I expect that it will take some time for the field to work through their full implications for developmental effort.

The Analysis Phase

The analysis phase of developmental research, as suggested earlier, involves such preliminary activities as identifying and analyzing the problem for which an innovation might be appropriate, a state-of-the-art review, and a feasibility study. There have been two developments of note here.

Data Aggregation and Synthesis

Considerable progress has been made in the last 10 years in methods of aggregating and synthesizing data. For example, a meta-analysis of a sample of studies can provide information and resolve questions better than most single studies.[7] Although such analyses are not without their own problems,[8] the results of meta-analyses that bear on developmental questions could contribute useful information to a state-of-the-art review. Meta-analysis could also be a means to obtain relevant information in those instances in which information based on retrieval from the literature was the major focus of the design and development effort.[9] Computer-assisted literature retrieval can also be helpful in the aggregation and synthesis of data in the literature search component of a state-of-the-art review.

Technology Assessment

The relevance of assessing the impacts of such physical technology as nuclear power plants is widely recognized. To the extent that social technology has important consequences for the social system, the methods of technology assessment may also be useful in the analysis phase of developmental research.[10] The following is a definition of technology assessment that has achieved wide currency and is one

articulated by a former manager of the technology assessment program at the National Science Foundation: "Technology Assessment is a class of policy studies which systematically examines the effects on society that may occur when a technology is introduced, extended, or modified with special emphasis on those consequences that are unintended, indirect, or delayed. . . . Comprehensive impact or assessment studies are a class of holistic studies which attempt in some sense to embrace everything that is important with regard to a technology."[11] Arnstein has indicated further that "this holistic analysis would include, for example, the effects of the proposed technology on the economy, the physical environment, institutions, culture, the social stucture, mores, values, and the law."[12]

Consider deinstitutionalization as a case in point. Ideological, professional, and social structural factors affected and sometimes interfered with the implementation of this approach to treating the chronically mentally ill.[13] Aspects of deinstitutionalization have benefited both mental patients and society. However, had a technology assessment of deinstitutionalization been done prior to adoption of a deinstitutionalization policy, it most certainly would have identified weaknesses in the policy, limitations of the alternatives to institutionalization, and some of the adverse consequences, such as increased numbers of homeless chronically mentally ill. Indeed, the service alternatives to deinstitutionalization had not yet been developed when the deinstitutionalization movement took hold in the 1950s. And, in the ensuing years, despite promising demonstrations, such as the community-based treatment program evolved and evaluated by Stein and Test,[14] considerable work is still required to develop satisfactory community-based alternatives to institutionalization

Design

Design may be conceptualized as the planned and systematic application of relevant scientific, technical, and practical information to the creation and assembly of innovations.[15] There have been several developments that clarify further what is involved in the design process.

Some Implications of the Design Concept

The concept of design has long been established in science and in engineering, but it is a new concept to the human services. This concept implies that virtually any aspect of human service is subject to deliberate, planned innovation and change. Design has important implications for all aspects of the developmental research process.

First, the features of a human service system subject to innovation are far-reaching. Consider a new helping strategy for child abuse If one were to design such a strategy, the components subject to design

include not only the change objectives and intervention techniques but also the techniques of assessment, method of intervention planning, targets of intervention, the participants (target persons and helping person), the roles of those involved (e.g., the helping-person roles and client roles), the context of helping, implementation procedures, methods of maintaining change, termination procedures, monitoring methods, adjuncts to and props for the intervention, evaluation methods, follow-up procedure as well as the underlying behavior theory, and the resulting intervention theory.[16] Each component has constituent features that can require considerable effort in design and development. For example, the intervention theory component alone—an aspect that some writers have called practice theory or a practice model[17]—has been described as consisting of particular concepts, information, assumptions, values, and prescriptions that serve to guide the helping activity.[18] All of this is to say nothing of designing and developing the delivery system suitable for the helping strategy, the implementation of the helping strategy, and the service organization, program, and system in which the helping strategy is to be located.

Second, design is nearly pervasive in the developmental research process. In addition to being central in the design phase, it is also required in the phases of development and evaluation when shortcomings of the innovation have been discovered. And since utilization of innovations rarely takes place automatically, design (and "reinvention") is also generally required to engineer utilization in the subsequent phases of adoption and dissemination.

Third, any particular component that is designed rarely stands by itself without some system connectedness with other components. For example, a component of the unilateral family-therapy program for spouses of uncooperative alcohol abusers at the Marital Treatment Project of the University of Michigan is a module directed toward reducing spouse behaviors that enable the drinking of the alcohol abuser.[19] Intervention to reduce the enabling behaviors presupposes some assessment of those behaviors. To facilitate assessment, the researchers on this project developed the Spouse Enabling Scale, a clinical and research inventory to measure the enabling behaviors of a spouse or other family member of an alcohol abuser.[20] More generally, design of any component of a helping strategy has implications for the other components of that strategy and for other aspects of the service system. Because of the system connectness of the components, the connecting aspects of the interventions must also generally be designed.

Validity of Design

Until recently, there has not been a way to think about the validity of a design. A concept of design validity helps in understanding what constitutes a satisfactory or unsatisfactory design. The validity of a

design is defined "as the extent to which the innovation is appropriate to the human service task for which it was designed. A design may be invalid because it is incomplete or incorrect."[21] Incomplete interventions are those that do not contain components needed for the human service tasks at hand. An incorrect intervention is one that addresses the tasks of intervention improperly in one way or another (e.g., the intervention elements are not compatible, the intervention is overly strong or weak, or the intervention is based on invalid or questionable behavioral assumptions) Threats to the validity of a design are posed when the activities and steps in the design process have not been adequately taken.[22]

The Development Phase

Development is the process by which an innovative intervention is implemented and used on a trial basis, developmentally tested for its adequacy, and refined and redesigned as necessary.[23] It is one of the least mature aspects of the developmental research methodology. There have been several contributions to development in recent years that—if widely adopted—could substantially strengthen the developmental process. These are developmental practice, a conception of developmental validity, and selected techniques of developmental testing

Developmental Practice

Although practice as carried on in regular service can stimulate an occasional innovation, it has serious limitations for systematic design and development [24] Practice must be carried out in a developmental manner if it is to make a contribution to trial use and developmental testing. While relevant practice methods are used in both types of practice, development practice differs from conventional practice in many ways. As I have indicated elsewhere, in developmental practice, methods of design and development are followed, cases are selected for their developmental relevance, innovations are introduced and pilot tested in practice, the outcomes of the testing are monitored. revisions are made in the innovations and tested again, and the outcomes of such practice include innovative interventions as well as possible service benefits for clients.[25] Practice for development may be carried out individually, without project or team affiliation, or with others functioning together in a coordinated effort.

Developmental Validity

As indicated earlier, interventions vary in the extent to which they have been tried, tested, and suitably revised before having been introduced to potential users. That is, they vary in the validity of the

development. Developmental validity is thus defined as "the extent to which innovations in an intervention have been adequately used on a trial basis and have been tested developmentally . . . Interventions that have developmental validity have been evolved by means of developmental processes that increase the likelihood that the innovations will be reliable and will not have to be redesigned to achieve the objectives of the intervention."[26] One of the important implications of developmental validity is that innovations that lack such validity should be developed more fully prior to evaluation and widespread use.

Techniques of Developmental Testing

In developmental testing, the innovation is employed in trial use and is systematically tested, revised, or redesigned as appropriate. Developmental testing may yield such critical information as the appropriateness and feasibility of the innovation, whether the practitioner-researcher can carry out the intervention, how satisfactory the implementation is for the clientele, the adequacy of the innovation, aspects of the innovation that need to be redesigned, and whether enough replications of the innovation have been conducted.[27] Four techniques for developmental testing are proceduralization, developmental logs, critical incidents, and failure analysis.

Proceduralization.—As applied to formulating intervention and innovation procedures, proceduralization is the process by which the desired activities of the helping process are described, explicated, and made into procedures that persons involved in the helping process may follow.[28] There are two aspects of proceduralization. In the first, procedures are the *product* of successive efforts to describe and explicate the desired intervention activities. In the second, the resulting procedure is then used as a *tool* to direct the intervention when it is next carried out, to test the adequacy of the procedure, and to provide the basis for subsequent reformulation. Through the iterative use of procedures as product and tool, it is possible to have systematic refinement and extension of procedures, thereby providing the basis for cumulative advancement of the intervention methods at hand.[29]

Developmental logs.—Developmental logs are records employed to document the results of implementing the intervention in trial use that relate to the adequacy of the intervention and other developmentally relevant questions. For example, Yaffe and her colleagues in the Marital Treatment Project at the University of Michigan evolved a developmental log to record the developmental problems encountered, solutions carried out, outcomes, and qualitative evaluations as they occurred in the early stages of evolving a unilateral family therapy for alcohol abuse.[30] Others who have found such logs to be useful are Rothman and Reid and

Davis.[31] Data provided by developmental logs may be used to chart the process of development and to provide ongoing guidance about what aspects of the innovation need to be revised and extended.

Critical incidents.—Critical incidents recorded in the developmental process may also be particularly useful in developmental testing. For example, the critical-incident technique has been used to assess the procedural descriptiveness of a stepwise case-management procedure.[32] The descriptiveness of a procedure involves two somewhat overlapping characteristics: completeness and specificity. Critical incidents, in this study, consisted of concrete instances in which practitioners failed to carry out an aspect of the procedure because it was incomplete or not specific. The collection and sorting of such incidents make it possible to draw inferences about the overall descriptiveness of the procedure and to pinpoint areas requiring further work. In related work, Reid and Davis recorded what they have called "informative events" about the treatment models Reid and his associates have been developing.[33] Such events include information about limitations of the model employed, promising innovations, skilled or unskilled applications, practitioner noncompliance, instructive successes or failures, and data that raise theoretical issues for the model

Failure analysis.—The analysis of failures in development and evaluation can provide essential information for purposes of refining and redesigning an intervention Failures have typically received scant attention if they have been reported at all in the literature However, some researchers are beginning to take failures seriously as an important source of information to guide research and development.[34] Failures may take the form of inability of the practitioner or others to implement the intervention properly, nonadherence to the intervention program by the clients or others who are the intended recipients of the intervention, adverse consequences of the intervention, or failure of the intervention to achieve its intended outcomes. Qualitative data can be obtained from such sources as developmental logs or critical incidents, as described earlier, and quantitative data can be obtained from research evaluations of cases judged as failures.[35]

Analysis of failure may take many forms, depending on the nature of the data. A very small sample, in some cases a single striking failure, can be sufficiently persuasive to force revision of an intervention. Availability of a larger sample of failures makes it possible to carry out a quantitative analysis. For example, in a study of 186 exhibitionists, Maletzky examined the records of 20 subjects who engaged in subsequent exhibitionistic behavior after treatment by covert sensitization and were thus categorized as failures.[36] After careful analysis, he found that the failures were considerably younger than those who succeeded and that the failures were usually "disgruntled" about the lack of immediate success. A measure of velocity of change based on weekly

changes was then computed. It was found that the velocity of change was 1.1 for overt behaviors for the first weeks, but, for the 20 failing subjects, the corresponding figure was 1.1 On the hypothesis that the clients who failed were more easily frustrated and highly impatient, Maletzky subsequently changed his therapeutic procedure for young clients. Among the changes were provision of more frequent early contact, more positive feedback, and initial environmental support

The Evaluation Phase

Evaluation methods in developmental research include much of the already established research methodology of the social and behavioral sciences, including measurement, quasi- and true experimental designs, single-subject design, psychological and behavioral assessment, and program evaluation. It is important to emphasize that the use of research methods in the evaluation phase of developmental research is not to provide program appraisal for practice purposes or to contribute to knowledge of human behavior, rather, their use is to produce outcome information as an integral part of a research-innovation process in which evaluation follows development, contributes to further design and development as necessary, and proceeds ultimately to adoption and widespread use

In the evaluation phase, outcome testing is conducted to examine such outcomes as effectiveness, efficiency, cost, and consumer satisfaction, and, in later stages, field testing is conducted to determine whether use of the innovation produces satisfactory results under normal conditions.[37] If the results of the evaluation are not favorable, further design and development are generally required. Although evaluation is systematically carried out in this phase, there is some evaluation in all phases of developmental research For example, in the development phase, as indicated earlier, there is some evaluation—generally more qualitative—of interventional adequacy Following the evaluation phase when the innovations have been diffused and adopted, evaluation methods are employed at several points in the developmental research process, depending on the questions to be addressed.

The methods of research and assessment that relate to evaluation were developed long before there was much interest in developmental research. These methods have been the most mature methodology on which developers could draw. There have been many additional contributions to the research and evaluation methodology in recent years, with the result that today development evaluators have a large, rich, and increasingly sophisticated set of methodological tools at their disposal. Two of the many contributions to evaluation in recent years are briefly discussed here.

Empirically Oriented Practice

In contrast to other models of practice, empirically based practice places emphasis on the applicability in practice of measurement, quantitative and other empirically based methods and, particularly, of single-case evaluation.[38] Empirical practice brings together in a new way the role of researcher and practitioner that makes it possible for the practitioner to serve as evaluator of interventive innovations. There is every evidence that empirically based practice is continuing to gain acceptance and that it is becoming a more clearly and methodologically sound approach.[39]

The literature on empirically based practice continues to grow and add to the foundations of this approach to practice that were laid down earlier. Of particular importance are recent contributions to single-case evaluation and experimentation. There has been further explication of the means by which the inferences may be strengthened in conducting case studies.[40] New single-case experimental designs have been proposed to facilitate analysis of within-session change, the effects of situational contexts, and of generalization, maintenance, and multicomponent treatments.[41]

Further, a strategy for replication of clinical innovations has been proposed, called "clinical replication." This strategy is in addition to direct and systematic replication of single-case experiments, strategies that have been known now for some time.[42] Barlow, Hayes, and Nelson have described clinical replication as

> a process wherein practitioners using a clearly defined set of procedures or "treatment" intervene with a series of cases that have a well specified and measured problem often encountered in applied settings such as depression in adults or attention deficit disorder in children. In the course of this series, the practitioner observes and records successes and failures, analyzing, where possible, the reasons for these individual variations (or intersubject variability). This process embodies all of the functions of intensive local observation and takes advantage of the strength of practitioners, specifically their observational skills, in the most important context of all: the treatment setting.[43]

Assessment of Intervention Implementation

For many years, experimenters in psychology and social psychology have routinely checked on the extent to which the experimental manipulation or induction of the experiment was implemented as intended before analyzing the results. The need to carry out such checks on the implementation of the independent variable has been stressed for single-case experiments and community-based research.[44] However, very little work has been done on the analogous problem in human service. Failure to check on intervention implementation can result in drawing erroneous conclusions about outcome effects. For example,

findings of no effect of a program may derive from failure to implement the program in question—a shortcoming that Rezmovic called "a Type III Error."[15] Three concepts have been proposed in recent years that focus on separate but related aspects of intervention implementation.

The first is the concept of treatment integrity that has been defined as the degree to which a treatment is delivered as intended.[16] An analogous concept in research is that of procedural reliability. That concept has been defined by Billingsley, White, and Munson as "the degree to which all variables (whether presumed to remain constant or manipulated in some fashion) occur in accordance with the experimental plan."[17] As applied to treatment, procedural reliability may be thought of as the degree to which a given treatment procedure is carried out consistently. A treatment program may not have integrity because its procedures are not delivered reliably.

McMahon has proposed the additional concept of shift in intervention which is defined as "any consistent deviation from a written, explicit procedure or plan recognized implicitly for treating the presenting problem."[18] Shifts in intervention extend beyond implementing the procedure and reflect somewhat permanent changes in the procedure. McMahon indicates that lack of treatment integrity may be due to a shift in intervention in which the procedure takes on a new, consistent form. One version of intervention shift is "intervention maturation" in which the intervention is modified and improved through time.

These aspects of intervention implementation may affect the internal and external validity of conclusions drawn from research and evaluation on the intervention thus implemented. To provide some protection against such possible threats to experimental validity, it is necessary to assess the integrity and reliability of treatment, and possible shifts in treatment through time.[19] It may also be necessary to consider the use in evaluation of standardized intervention protocols or strict supervision of treatment to help ensure the consistency and quality of intervention. The need to assess intervention implementation has important implications for the conduct and monitoring of research and evaluation and for the analysis and interpretation of data.

The Dissemination Phase

After the innovation has been evaluated and found to be ready for use, the phases of diffusion and adoption follow. Diffusion involves such activities as preparation of dissemination media such as publications, in-service training programs, and professional education, and adoption consists of use by the intended consumers of the innovation. Because diffusion and adoption are closely related and are generally carried out concurrently, they will be considered together simply as dissemination.

It is not enough to develop a good innovation, as has long been known in the world of business, scientific, and industrial research and development. The importance of utilization likewise has been recognized in the human services for some time. Those in the field have learned painfully and repeatedly that utilization of innovations rarely occurs because the innovation exists and is now available for use. Without proper dissemination, the innovation as evolved by the developer will likely remain unused or be adopted piecemeal, amalgamated with other interventions, or become distorted so that its use or basic features are altered from what was developed in the first place. It is therefore heartening to be able to report that there have been some noteworthy advances in dissemination in recent years. Two of these will be touched on here as they relate to the knowledge and methodology of dissemination.

Knowledge of Dissemination

For some time now, much more has been known about the utilization of knowledge and technology than about design and development of intervention models.[50] If anything, the disparity seems to be widening. In the last 10 years, a journal has been founded on knowledge utilization (*Knowledge: Creation, Diffusion and Utilization*), and important books have been written that review recent work in this area.[51] The focus of a great deal of the past and present work on knowledge utilization has been on the description and analysis of change processes, the identification of variables that may affect utilization, and the implications of such knowledge for change. For example, in summarizing her own review of the literature on diffusion,[52] Stolz said that "the strongest single variable influencing the diffusion of models is personal interaction between the agency decision-maker and a colleague who promotes the use of the model."[53] Subsequent research and additional reviews have confirmed the vital importance of this "personal factor."[54]

Somewhat closer to a dissemination methodology are analyses of the dissemination programs that have been successful in achieving implementation and use of innovations. Backer, Liberman, and Kuehnel, for example, analyzed three innovative models that were successfully utilized and isolated six factors that appeared to promote utilization in these examples.[55] These factors were "interpersonal contact between potential adopters and those knowledgeable about innovations, outside consultation on the adoption process, organizational support for innovation, persistent championship by agency staff, adaptability of the innovation, and availability of credible evidence of success."[56] Paine conducted a similar analysis of the common and distinctive features of a larger number of exemplarly dissemination efforts and isolated additional characteristics that complement those summarized above

and that are more clearly indicative of a dissemination technology (e.g., all models had strong skill training of users and quality control of performance outcomes).[57]

The Methodology of Dissemination

A methodology of dissemination is emerging to complement the methodology of design and development. This methodology derives from the research of applied behavior analysts who have developed service models and have systemically carried out the dissemination of such models. Paine has described some of the characteristics of this approach.[58] An important aspect of this emerging methodology is that emphasis is placed from the outset of model development on the requirements of consumer use. That is, one designs for usability from the outset, long before dissemination. For example, among the activities in the model-planning stage is that the consumers and benefits of service are defined and that the funders, users, and service setting are identified. Activities in the model-building stage that relate directly to users are development of consumer outcome measures and tests of the targeted consumer benefits. In the stage of field testing, there are the user-related activities of the development of support materials for implementation, definition of assistance procedures for implementation, evaluation, and quality assurance, model installation and revision, and model testing.

In the process of dissemination, Paine further identifies the step of implementation planning, which includes site recruitment, site and model diagnosis, and negotiating an implementation agreement between developers and potential users. The step of providing assistance for installation includes logistics support, staff training in model use, implementation with technical assistance, and evaluation of the implementation. In the last step of providing support for sustained use, there are the activities of ongoing program operation, model improvement, and, following successful model implementation, program and policy development to influence funding levels, government regulations, and service priorities.[59]

Conclusions

The contributions made to developmental research in recent years represent a solid and steadily increasing accumulation of concepts and methods to enrich developmental research. If the advancement of the methodology of developmental research follows the growth pattern of most scientific and industrial technology as characterized by Sahal,[60] change will be made gradually through many small steps. There will be occasional breakthroughs and movements to higher levels of meth-

odology based on new "technological guideposts," but firsthand experience and "learning by doing" with the technology will be critically important to ensure continued progress. So far, following its introduction to social work, developmental research seems to be moving forward in small steady steps. More firsthand experience and "learning by doing" are needed to help ensure continued progress.

Notes

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4. Thomas, *Designing Interventions for the Helping Professions* (n. 1 above), pp. 97–111.

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17 See, e g , W R Reid, "The Model Development Dissertation" (n 1 above)

18 Thomas, *Designing Interventions for the Helping Professions*, pp 84–96

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21 Thomas, "Design and Development Validity and Related Concepts in Developmental Research" (n 1 above), p 51

22 For details concerning the activities and steps in question, see Thomas, *Designing Interventions for the Helping Professions*

23 Ibid , p 169

24 Ibid , pp 180–81

25 Thomas, "Design and Development Validity and Related Concepts in Developmental Research "

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27 Thomas, *Designing Interventions For the Helping Professions*, pp 182–84

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35. See, e g , summaries of studies in which failures were analyzed in Barlow, Hayes, and Nelson, pp 294–307

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Client Self-Determination: Untangling the Knot

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Client self-determination may be the most confounding concept in the intellectual underpinnings of social work. While self-determination is accorded utmost esteem in the profession, its meaning and application are clouded. A number of existing justifications for self-determination concepts are outlined. However, serious questions have been raised concerning the primacy and efficacy of the self-determination principle from a number of sources. This critique covers four general areas: limitations in client capacity to make choices, external restraints that inhibit choice, other values that may have primacy, and other professional considerations that influence practice behavior. An alternative conceptual perspective is proposed.

Client self-determination may be the most confounding and professionally debilitating concept of all the intellectual principles undergirding social work. It has long been a predominant philosophical precept of the profession. The Code of Ethics of the National Association of Social Workers enjoins the professional to "foster maximum self-determination on the part of clients."[1] While self-determination is accorded utmost esteem by the profession, its meaning and application are clouded. Kessel and Kane interviewed a sample of social workers concerning practice dilemmas.[2] A major finding was a high level of variability within a homogeneous group of practitioners in interpreting and applying the concept of self-determination. Weil and Sanchez found a divergence between practitioners' beliefs regarding self-determination and their actions, as well as a desire for greater clarity.[3] In a

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historical analysis, Freedberg observed distinct differences in the meaning of the precept over time. She indicated that self-determination contains an "inherent dilemma," characterized by "unresolved tensions in [this] ideological, political and practice-oriented concept."[4] As a member of the task force to revise the code, I observed some of these same contradictions and uncertainties reflected even within that venerable group.

Client self-determination is a concept that crosses all client aggregates. While much of the discussion here will be drawn from casework sources, client self-determination is not confined to decisions made by clients as individuals. Charles Levy sees the issue applying to "individuals, families, groups, agencies, or communities."[5] Self-determination connotes free choice or self-direction on the part of the beneficiaries of professional helping services. According to McDermott, client self-determination signifies "that condition in which an agent's behavior emanates from his own wishes, choices and decisions."[6] That author makes the point that this is a normative rather than descriptive definition; it expresses a value or goal rather than a psychological or anthropological observation about the capacity of human beings to function in this manner. Self-determination has also been related in some ways to informed consent. It is said by some to require the professional's "suspension of judgment" about client values or behavior in order to protect client volition.

The significance of self-determination as a preeminent professional principle in social work has been underscored by leading writers. Helen Perlman indicates that it reflects "the very essence of mature humanness," and provides the individual with "the power to be captain of his soul and master of his fate."[7] Florence Hollis asks, "Why do we put all this stress on self-direction? Because we believe it is one of the greatest dynamics of the whole casework approach. Because we believe the soundest growth comes from within. Because we want the individual's own life energy to take hold of his situation."[8]

In many writings self-determination is formulated in absolute, ultimate terms. It has been described as a "fundamental freedom," "the supreme value," and "the single concept without which modern casework simply could not exist."[9] Some analysts suggest that its importance in society generally has been heightened in light of advances in biomedical technology, the children's rights movement, advocacy for the mentally ill, and other contemporary developments.

The Rationale for Client Self-Determination

As implied above, a number of different [illegible]ennies of justification have been offered for the self-determination c[illegible]ncept. I will review the key arguments briefly.

Philosophical Precept

Self-determination is held to be a basic human right that stands as a moral imperative on its own terms. McDermott takes an unequivocal position along these lines, maintaining that "the individual's right to make his own decisions and choices in matters affecting him, has long been regarded as one of the cornerstones of the moral framework to which democratic Western societies are committed."[10] In this view, there should be no conditional or instrumental constraints on this concept. Continuing with McDermott's viewpoint, self-determination represents "negative freedom"—the removal of restraints on the individual to pursue those goals he or she values. It cannot be equated with "positive freedom," that is, freedom of choice exercised within a framework that demands human behavior be rational, constructive, and socially cooperative. Rather, self-determination exists as an absolute client right and not as "a technical or practical principle" for achieving broad goals of the human service professions. These views may be linked to the moral philosophy of Kant and kindred modern thinkers.[11] This absolutist perspective is one that is commonly expressed in social work literature.

Utilitarian Practice Tool

McDermott, in rejecting utilitarian justifications for self-determination, accurately points out that some of the professional writing on the subject is highly goal oriented and teleological in character. Client self-determination is sometimes viewed as an instrument of client improvement. For example, Biestek enumerates four positive professional practice objectives linked to self-determination. (1) helping the client to perceive problems clearly and perceptively; (2) helping the client to find and make use of pertinent resources that may be of potential benefit; (3) introducing stimuli that activate the client's own dormant resources; and (4) creating a relationship in which the client can grow and work out problems.[12]

Hollis, a scholar who has significantly shaped contemporary casework thinking, maintains that self-direction is a core principle through which the multiple objectives of casework can best be achieved.[13] Self-determination may serve to reduce or eliminate dependency, make the patient or client less resistant to the therapist, and gain the commitment of the client to the objectives of therapy. In this sense, self-determination fosters a sense of ease that is generally conducive to the helping process. Some of these points are echoed in Ross's writing on community organization, in which he contends that only changes brought about by community participation will be fully accepted and permanently internalized.[14]

Still another goal of self-determination is suggested by Soyer. Certain learning, he believes, best occurs through the process of personal struggle. Even if the client takes a course of action other than that which the helper may have directed, it will have benefits: "only through life itself can the client really try, test and temper his abilities, his fantasies, and his goals."[15] Self-direction permits the client to stumble and fall, gaining coping skills along the way

Antidote to Cultural Alienation

Some writers place emphasis on self-determination as a way of combating those forces in modern society that limit individual freedom and induce a psychological state of helplessness, dependency, and alienation. Perlman sees the self-determination principle as countervailing the "engulfing trend in present-day life [that] seems to make man increasingly less master of his fate."[16] The burgeoning scale of bureaucracy and of urban settlements and the complexity of living in a high-tech environment are part of this. Thus, self-determination is viewed not only as a means of coping with specific presenting problems of clients but also as a means of offsetting the pervasive anomie and detachment that is transmitted to clients and others through the prevailing culture.

Political and Emotional Liberation

Social reformers during the Depression years linked self-determination to political ideologies and the need for radical change in society. Self-determination in this sense was seen as a tool for liberating and politicizing the masses. Even earlier, according to Keith-Lucas, social workers embraced certain Freudian concepts because they conceived of the new psychology as a liberating force in an age still dominated by Victorian standards.[17] Viewed historically, self-determination had yet another function, that of placing a contractual limitation on social service bureaucracies. It was seen as a way to protect the civil liberties of clients against the intrusion of public assistance agencies, among others, into inappropriate areas of the client's life

Existential Reality

Keith-Lucas suggests that self-determination should in part be conceived as a fact rather than as a right.[18] By this he means that certain kinds of decisions realistically can be made only by the person who will be affected. These decisions necessitate the commitment of the whole being to given values or courses of action, including choices about whether to take help or reject it, get well or remain ill, grow or regress.

Thus, certain uses of the term "self-determination" merely recognize that there are areas of the emotional or cognitive life of clients that are their own personal reserve. In appreciating this, professionals are not respecting a right, but acknowledging a reality within which meaningful helping activity must take place.

Critique of the Self-Determination Principle

Counterpoised to this position, searching questions have been raised concerning the primacy and efficacy of the self-determination principle Social workers such as Keith-Lucas and Bernstein have written penetrating analyses that are critical of client self-determination.[19] Psychiatrists such as Abrams and London have spoken to the desirability and even necessity of the professional bringing personal values to bear on interactions with clients.[20] Psychologists such as Gillis have advocated the fullest use of what is known scientifically about social influence in order to more effectively manipulate client behavior in the direction of therapeutic goals.[21] Social planners such as Morris have urged professionals to enhance their competency by reducing concern over self-determination and applying themselves more systematically to crystalizing their own professional goals in planning.[22] The main points of this critique will be presented under four broad rubrics: client capacity; external restraints; the primacy of competing values; and the place of other professional considerations.

Limited Client Capacity to Decide

It is Biestek's view that not all clients are prepared to assume full responsibility for self-direction. Clients that he identifies as having less capacity include children, the aged, mentally retarded clients, the very ill, and those who are badly informed or ignorant. Individuals have different amounts of experience, astuteness, physical or mental wherewithal, emotional maturity, and ability to cope with frustration or disruption resulting from ill-conceived actions. The distinction here has been referred to by Gewirth as between well-being (capacity) and freedom (choice).[23] Biestek holds that in order to individualize the provision of services, it is necessary to be discriminating in dealing with self-determination. Henning discusses variations in the extent of rights for sick children, abused children, the educationally handicapped, and so on.[24] Such children suffer different degrees of damage or disability, resulting in varying capabilities to assess their own self-interest.

In addition, the client may be ambivalent or frozen in confronting choice. Bernstein makes the point that client interests and wishes change over time; an individual or group may wish one thing today, but the opposite tomorrow. Conflicting tendencies may exist within

the client at one given time. If the practitioner were to move quickly and uncritically in responding to an expressed desire, this might operate in opposition to self-determination viewed more broadly. For example, a gang of girls made derogatory remarks about a settlement house and threw a rock through the window. A group worker contacted them and, over a period of months, came to interpret their behavior not as rejecting the agency but as asking help from it. According to Bernstein, this demonstrates that the practitioner must take a number of factors into account in assessing client desires: ambivalence, conflicting feelings, nonverbal communication, and the effects of time.[25] In this way eventual decisions may have greater depth, stability, and clarity. While this multidimensional stance is not at variance with the self-determination principle as such, it brings out complexities and serves as a caution against a simplistic approach.

External Restrictions on Choice

The client's activities in the community may be bounded by legal and statutory provisions. Biestek indicates that it is necessary to help clients recognize and come to terms with these structures rather than to ignore them in deference to personal desires.[26] Also, the structure and nature of the service are often constrained by legal eligibility requirements—what clients may receive what services, the boundaries of practitioner activities, and requirements placed on clients by their situation or program. These constraints are especially prominent in certain government-sponsored agencies, such as probation and parole, child-placing and child abuse agencies, and public assistance.

Other contextual factors may cramp clients' wishes, such as their economic status (affecting housing) and family circumstances (affecting mobility). Analyses point out that ignoring reality encourages fantasy and may be self-defeating in the long run. Scherer and Attig demonstrate that even in community level practice, ethical decisions are constrained by environmental contexts such as land-use policies and cost-benefit factors related to taxation.[27] While appreciating the impact of reality conditions, Bernstein warns against accepting society as it is, or influencing the client to adjust.[28] He believes a key role of the practitioner is to help identify and convey that part of constraining reality that is fixed and that part that is more flexible.

A characteristic of agencies in the human services field is that they structure themselves to deal with limited goals using specified procedures. This is not because of legal strictures but occurs instead as a sociological attribute of organizational behavior. All practitioners are aware of agency boundaries as expressed in rules, standards, eligibility requirements, and types of services provided. Both clients and practitioners are subject to expectations and roles related to these structural conditions, with constraining consequences for the client's self-deter-

mination. Loewenberg and Dolgoff point out more broadly that "society often sets limits on what a social worker may do [which] add to ethical problems."[29] Deviation by professionals, they say, may lead to reprisals such as dismissal from a job or loss of a promotion.

The social control function of social agencies also comes into play. The community, through organizational entities, exerts forces that move clients in definite, predetermined directions. Warren regards social control as one of the major functions of community systems, and he defines it as the process by which a social group "influences the behavior of its members toward conformity with its norms."[30] Numerous studies by sociologists have dissected the social-control actions of human service agencies revealing means by which both clients and professionals are brought into line with organizational norms and goals.[31]

Social workers, too, in their professional literature, have explored the place of authority and control in the provision of services.[32] Glasser states, "society has legitimized social work as a profession to prevent immoral behavior and reform those who have violated the community's standards."[33] These social-control features cover a wide range of human service settings, including probation officers in court, psychologists in drug abuse programs, and physicians in family-planning clinics. Organizations providing these services are not neutral in their outlook they affirmatively align themselves with efforts to eliminate crime, reduce drug abuse, and discourage unwanted pregnancies. Although the amount of coerciveness available or expected to be used varies among these community agencies, the objectives are clear cut. A confounding factor is that many social workers, according to Day,[34] are not aware of the extent to which they and their agencies perform social-control functions.

Primacy of Other Values

The practitioner ordinarily is personally committed to upholding and promoting certain values, as a human being and as a professional, that may be at variance with the client's values. Loewenberg and Dolgoff suggest that such personal values may include justice and equality, the efficacy and efficiency of service, or competence in practice.[35] In a study by Brenner, social workers were classified empirically as "traditionalist" or "contemporary" in their value orientations. Although overtly espousing a "neutral" or "objective" position, when asked to handle hypothetical practice vignettes, they responded in the context of "whatever value system they brought with them to a particular case."[36]

Bernstein elaborates on this issue. The client may wish to take a course that will damage or oppress others (engage in child abuse or set up a racist program in the community). Self-determination con-

siderations are enmeshed in a complex network of client relationships with other individuals. In some instances these relationships may call for values of an order higher than self-determination. Bernstein maintains that "human worth" is a broader and more fundamental professional value for guiding practitioner intervention: "If what the client wants will result in the exploitation of others or the degradation of himself, the worker should try to help him change his desires."[37] Even in her firm support of self-determination, Hollis states that this value can be "superseded by another, namely, the worker's responsibility to prevent suffering."[38]

Bernstein further holds that in working with groups and communities, inculcating the merit of rationality and intelligence in problem solving may be a key practice value and goal.[39] The honing of this skill in clients could be viewed as more important than any particular decision made by the client. In assisting client groups to approach problems rationally, one may temper their immediate responses with questions such as. What are the consequences of alternative choices for the individual or groups and other relevant people? What values are involved in the decision? Are unconscious or unexpressed considerations involved? By what means is the decision to be finalized or legitimized and who should take responsibility for implementation? By deferring decisions in this way, the practitioner may contribute in the long run to greater client self-actualization and better social functioning, thus expanding ultimate freedom. This point overlaps with the next area of attention—wider professional considerations in guiding intervention choices.

Competing Professional Considerations

The counterpart to criticism of practitioners as being too directive and controlling is denunciation of their lack of action in situations calling for professional responsibility and assertiveness. It is said this downplaying of responsibility may result in harm to clients and others. Examples are practitioners who inertly permit a father to sexually abuse a daughter, a youth to commit suicide, or a citizen's committee to exclude certain ethnic groups from their community. Witte has condemned self-determination for being used too often as justification for allowing parental neglect of children, and Lane states that the principle if carried to its logical conclusion could lead to "family suicide."[40] Concern about this point is indicated in the increasing numbers of malpractice suits that have been brought against therapists who did not take definite steps to prevent patients from acting on their impulses to do harm to individuals outside the therapy situation.[41]

A number of observers have made the claim that nondirectiveness essentially boils down to using more subtle and manipulative means of influence than does directiveness. This suggests both an adroit

intervention strategy and a misapplication of self-determination. A strong argument along these lines is made by Leighton: "If [practitioners] put aside this idealistic, and in my estimation unrealistic, notion of self-determination it may become plainer to them that much of the lip service paid to the notion amounts to little more than an argument about whether seduction is a more effective way of inducing behavioral change than direction."[12] Research revealing a considerable amount of directive behavior within ostensibly nondirective practice is reported by Frank.[13] The performance of a self-identified nondirective therapist was observed. The therapist believed he was not influencing the patient's productions, yet different raters were able with a high degree of reliability, to classify his interventions as implicitly approving or disapproving behavior.

The literature of community development particularly demonstrates this issue.[14] While this literature supports a strong position in favor of specific means of problem solving in the community and of long-term relationships among people in the community (cooperation, participation, coordination, openness, mutual respect), the reader is left with the contrary and unresolved view that the practitioner should remain neutral in these respects in deference to nondirective "enabling" or "facilitating." In an earlier discussion of the issues, I asserted that "also inhibiting to effectiveness is the practitioner who intuitively acts on the imperative of making a professional impact, but who feels this may be undemocratic or improper. He consequently confounds the situation by blurring the character of his role performance in his own eyes as well as in the eyes of others. How much more 'manipulating' is this advocate of self-determination who deludes himself or misleads, confuses, or deceives his clients into thinking that he is making a lesser professional impact on the situation than he really is? One may want for good reasons to maintain low public awareness of the extent of one's influence or effect, but this is different from not recognizing it—or denying it."[15]

In order to maintain professional self-deception, a specialized professional language has evolved. Directive behaviors are muted by nondirective linguistics: "The client might mention a striving that seems far fetched. The worker's response is usually muffled in the cliche 'Worker raised question regarding this, in terms of . . .' What this often means is that the worker raised every conceivable objection in an effort to discourage the client."[16]

Professional actions may be complicated and shaped by the ancillary position of human-service workers in institutions where they are in the minority and marginal to the predominant mission. Courts, hospitals, industrial settings, and penal institutions, for example, are ordinarily controlled by others who have goals variably compatible with those of the human services. Consequently: "The worker who 'goes at the

lient's pace,' and attempts to extend to the client the opportunity for elf-determination, may be termed, detrimentally, as 'permissive' or oft,' by the other staff. The practitioner's difference in approach to lients/patients may make both sides feel that the worker is out of step ith the team."[17] These conditions exert both formal and informal ressures on the practitioner to become more assertive in practice in rder to have a practice environment conducive to carrying out his r her work.[18]

Some of those who advocate a nondirective approach are concerned ith style and quality of relationship, rather than with the question f whether to exert influence There are two relevant elements of yle One concerns respecting the client's general forms of expression nd personal life-style Keith-Lucas declares that rather than self-deermination, "the safeguard intended here is the profession's ethical ndertaking not to interfere in all those large and small matters of aste, opinion and day-to-day living that make one client different om another and give him a sense of being an individual."[19] The ther element has to do with respecting the personal dignity of the lient by being civil in manner, courteous, caring, honest, and responsive requently in the literature, such humanistic personal relationships re equated with nondirective practice, imperious relationships with irective The joint intertwining of directive and humanistic elements n intervention needs to be given greater acknowledgment

nherent Dilemmas for Practice in Client elf-Determination

Kelman raises the issue of whether it is functionally possible both to ursue therapeutic or change goals and at the same time exert helping nfluence in a neutral manner.[50] Whittington attempts to show that ondirectiveness is often unworkable in professional practice He makes he point that pursuing specific intervention goals is a crucial element f professional practice, and that even in the writings of some theorists dvocating self-determination this idea is accepted He draws on the ork of Hollis to pose a critical duality. "Is there not an inconsistency n believing so firmly in the client's right to self-determination on the ne hand, and having in one's mind on the other hand treatment oals toward which one is trying to move him, although he may not imself even know what these goals are?"[51]

Whittington goes on to show the tortuous and, to him, unconvincing neans by which Hollis attempts to resolve the inconsistency A major spect of this resolution focuses on overcoming the client's "resistance" o the practitioner's treatment goals, whe· upon the client's wishes or himself are brought, wittingly or otherwise, into line with the practitioner's assessment of his needs. Hollis also talks of using an

atmosphere of self-determination as a basis for establishing the practitioner as a trusted and meaningful person in the life of the client, thus someone to whose influence the client would be subject.[52] The self-determination principle accordingly becomes a strategy for weakening the client's capacity to hold to a self-determining course.

In underlining the unworkability of the self-determination principle, Whittington points to Paul Halmos, a British sociologist who has done extensive studies of human service professionals: "Unless we mean therapy to be therapeutic and, therefore, determining and directing in important ways, we can hardly expect to be helpful."[53] Studies by Reid and Hanrahan and Thomlison have shown that professional knowledge, when applied resolutely, results in helpful outcomes for clients.[54] Having this awareness of efficacy, it is difficult for professionals to restrain from assertive intervention, nor would many feel they should.

Some professionals are apparently content to go their way, ignoring this murky minefield of contradictions. Perlman, for example, says that if asked her opinion, "I would have to say, 'I believe self-determination is nine-tenths illusion, one-tenth reality.' And I would have to add, 'But I believe self-determination is one of the grand illusions basic to human development and human dignity and human freedom.' Therefore I am committed to supporting and enhancing that illusion."[55] What Perlman claims to be an "illusion," Leighton condemns as a "myth," immersed in "ethical duplicity and professional double-talk."[56]

An Alternative Perspective

Given this befuddlement in regard to a fundamental practice concept in social work and all the human services, it is evident that clearer practice guidelines are necessary. Whittington sounds an alarm: "The concept has so many limitations that a serious re-examination of its position . . . is essential. . . . If this situation persists, it is my opinion that we will be unable to reach a realistic appraisal of our role and aims in relation to our clients and society."[57]

Client self-determination perhaps implicitly has value as an ethical concept and guide to practice, but given its long and entrenched history of convoluted usage it would be best set aside as a dominant precept in social work. The trend toward totalistic interpretation seems almost irresistible in the field, in contrast to the more subtle and calibrated perspective that is necessary. Let us note that, by and large intervention (whether in treatment, planning, program development, etc.) is guided by a professional who is charged by society to produce beneficial outcomes that are based on objective, knowledge-driven analyses and judgments. The prime responsibility, therefore, for making professional decisions about means of helping the client falls to the practitioner. Terms such as "competency-based" and "accountability

have come to be metaphors symbolizing this understanding. Nevertheless, the helping process entails a joint relationship in which the client plays a significant but variable part. This suggests the principle of optimal client contribution to intervention planning. To the degree possible, the client should contribute actively to defining the difficulty to be addressed as well as the course of amelioration. But the center of gravity, from the standpoint of structuring practice, lies with the professional rather than with the client.

For this reason, the basic point of departure should be the professional faced with making a practice decision. This is in keeping with Gilbert and Specht, who indicate that client self-determination is an "illusive concept" that is difficult to define operationally—hence the responsibility is to specify the boundaries "for professional behavior in these areas."[58] The question then becomes, What degree of directiveness of intervention is appropriate given conditional factors in the particular client situation? Illustratively, certain conditional factors can be associated with minimal practitioner directiveness in helping and a concomitant high degree of client input. In situations where the client has the mental acuity and skill to make and carry out "reasonable" decisions, directive assistance is typically unnecessary and intrusive. If the client has many helping resources in the immediate environment, and these are already giving support, a directive push by the practitioner is contraindicated. When the client is distrustful, rebellious, or fiercely independent minded, strong practitioner steering would likely be detrimental to forming a working relationship. Finally, where relevant knowledge does not exist and practice choices and outcomes are uncertain, the practitioner ought to defer to the client since both parties are equal in information resources (or their absence). It would be useful to further spell out and codify the range of conditions under which low practitioner directiveness is particularly called for.

Under different conditions, client input and initiative would ordinarily be in low key and high practitioner directiveness ought to be the preferred mode of intervention. If clients are enveloped in circumstances involving serious danger of harm to personal health and well-being, activist practice intervention is usually called for—as with a severely suicidal teenager. Firm assistance may also be required when the individual has extreme mental or physical health disabilities that preclude making informed or rational choices. This may apply in working with some chronically mentally ill patients or with an individual who has recently suffered a serious stroke. An emphasis on practitioner assertiveness, with a muting of client initiative, may also be called for when the client overtly disregards or menaces the peace or safety of other individuals, for example, when dealing with a client who has a history of wife abuse. Again, conditional factors conducive to more directive action can be identified and cataloged along these lines

While the professional implicitly has the "upper hand" in the practice partnership (as the individual mandated by society to bring about certain intended effects), the client is not by any means a silent partner. At least in voluntary settings, the client holds veto power—by withdrawing from service, engaging a different professional helper, shifting to reliance on informal supporting individuals or networks, and so on. The veto may be carried out alternatively by continuing to participate in the mechanics of the transaction (attending sessions or meetings) but remaining aloof from the aims or procedures advanced by the professional.

Beyond recognizing the intrinsic resources possessed by clients for controlling their situation, professionals typically should be active in enhancing the potential for client initiative. Whether a greater or lesser degree of practice directiveness is indicated by conditional factors, the opportunities for client input into intervention planning ought to be stretched to the greatest extent possible within that context. For example, when there is a measure of uncertainty about capacity, the benefit of the doubt should fall on the side of greater client input. Those particular areas of a client's functioning where capacity exists, even in an individual performing generally at a minimal level, should be given emphasis. When there is forewarning of impending incompetency, as in the case of a progressive illness, clients should be encouraged to indicate their wishes about treatment beforehand. Nicholson and Matross, in a recent article, address this issue, suggesting use of techniques such as advance directives by the client, living wills, and power of attorney.[59]

In summary, the approach being proposed calls for undertaking two basic intellectual tasks. One is the construction of a continuum of different degrees of practice directiveness, resulting in a set of graded practice directiveness categories. The other is the identification of a correlate set of specific conditional factors that are associated with each directiveness category, signaling when the category would be employed in a practice situation. In implementing any practice directiveness category, client input into intervention planning should be optimized, consistent with given circumstances. Such a formulation frees practitioners from reliance on the global client self-determination precept, which is riddled with contradictions and exceptions. Instead there could be developed a construct yielding differentially attuned guidelines that aid the practitioner in intervention planning, while also attending to client prerogatives. This should lead to greater coherence, integrity, and competence in the conduct of social work practice.

Notes

1. "The NASW Code of Ethics," *Social Work* 25, no. 3 (May 1980): 184–87, quote is on 186.

2 S D Kessel and R A Kane "Self-Determination Dissected," *Clinical Social Work Journal* 8, no 3 (1980) 161–78

3 M Weil and F Sanchez, "The Impact of the Tarasoff Decision of Clinical Social Work Practice," *Social Service Review* 57, no 1 (1983) 112–24

4 S Freedberg, "Self-Determination Historical Perspectives and Effects on Current Practice," *Social Work* 34, no 1 (1989) 33–38

5 C S Levy, "Values and Planned Change," *Social Casework* 17 (October 1972) 488–93

6 D Soyer, "The Right to Fail," *Social Work* 8, no 3 (July 1963) 73

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Crisis of the American Orphanage, 1931–1940

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Orphanage censuses increased for 25 years after the 1909 White House Conference on the Care of Dependent Children. This increase is both well known and easily understood as a result of increasing numbers of children in foster care and limited placement opportunities. The present study is based on the records of 14 children's homes ($N = 12{,}254$), together constituting a 91 percent sample of all dependent and neglected children in institutional care in south central Pennsylvania from 1910–65. The main finding is that average length of stay in orphanage care also increased up to the mid-1930s. This increase was strikingly contrary to the consensus reached at the 1909 conference and symptomatic, the article argues, of a general crisis in orphanage care brought on by the Great Depression.

In the 30 years following the end of World War II, both the number of orphanages in America and the number of children in them declined dramatically. Nationally, the number of children in institutional care fell from a high of approximately 144,000 in the mid-1930s to 95,000 in 1951 and 63,000 in 1970.[1] In Pennsylvania the decline was steeper. From a high of a little under 18,000 in 1932 the number of children in institutional care fell to 12,625 in 1946 and 3,248 in 1976.[2] In south central Pennsylvania, where the present analysis is focused, nine out of 14 homes that had been continously open since 1920, closed in the 3 decades following the war.

A common explanation of these falling numbers relates them to the 1909 White House Conference on the Care of Dependent Children. The consensus reached at that conference, which was attended by most experts in the child-care field at the time and all the leading

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religious bodies, was that "children from unfit homes and children who have no homes, who must be cared for by charitable agencies, should, so far as practicable, be cared for in families."[3] This consensus has remained essentially intact to the present.

The White House conference, however, was held more than 35 years before the decline in orphanage numbers began, and its initial effect was not to reduce orphanage censuses. In the first 25 years after the conference, the number of children in institutional care increased from 115,000 to 144,000 and did not fall back below 115,000 until after the Second World War.

The reasons for this increase in the national orphanage census are not mysterious. If a child in foster care is not in an institution, then, by definition, he or she must be in foster-family care. From 1910 to 1933, the number of children in foster care nationally increased from 176,000 to 249,000. In order for the institutional census not to have increased, all of the additional children would have had to be placed in foster families. If home finding lagged even slightly behind the pressure for additional foster placements, the number of children under institutional care necessarily increased. Since the homes existed and were able to accommodate more children and since, as will be seen, even in those years home finding was not without its difficulties, it is not surprising that the number of children under institutional care increased up to the mid-1930s.

The present study was undertaken after a preliminary finding in one home that average length of stay (LOS) also increased for 25 years following the 1909 conference. If this preliminary result held generally, it presented a much greater problem than increasing census. The 1909 consensus was unequivocally clear that children should be placed in institutions for as short a time as possible. If, 25 years later, LOS had lengthened by almost 3 years, as the preliminary finding indicated, the reasons were unclear. Certainly the child-welfare community did not intend any such increase.

The next step was to find out if the preliminary finding could be confirmed more generally. If LOS did increase for 25 years after the 1909 conference, the fact would have to be explained, and the explanation might well shed light on other aspects of orphanage and foster-family care in those years.

The Study Area

South central Pennsylvania is as representative an area for the study of orphanage care as can be found anywhere in the country. Pennsylvania has been very much in the mainstream of child welfare in America. It has never opted for one approach to the exclusion of others as Michigan did with its state public school for dependent children, nor

has it lagged behind the rest of the country in adopting new ideas.[4] It was, for example, one of the earlier states to adopt a mothers' pension program, the forerunner of Aid to Families with Dependent Children.

After the Civil War, Pennsylvania took the lead among northern states in providing homes for destitute children of men killed during the war. By 1876, the state had cared for more than 8,000 soldiers' orphans, almost all of them in orphanages.[5] One effect was to reinforce institutional care in Pennsylvania, especially in the southeastern and south central parts of the state.

Pennsylvania played a leading role in foster-family care also. The Children's Aid Society of Pennsylvania (CASP) was founded in 1882 and, under the leadership of Homer Folks, who served as secretary until 1893, was committed exclusively to foster-family placement. Folks was a leading exponent of the placing-out system and was vice chairman of the 1909 conference (under the chairman, President Roosevelt). Unlike the New York and Massachusetts societies, the CASP did not place children in the "Far West." A child was usually placed in the country within 40–250 miles of where he or she had lived, generally in Pennsylvania (though sometimes in Delaware or New Jersey). The CASP was headquartered in Philadelphia but operated in all parts of the state through county committees.[6]

Demographically, south central Pennsylvania was classic orphanage countryside, consisting mainly of family farms but with a few small cities (Lancaster, Harrisburg, York) and many towns. The people were strongly religious and all major denominations were represented, the "plain" churches predominating. Most important, of course, the area was well supplied with small- to medium-sized orphanages operating in a context that also included other vigorous child-welfare programs, such as foster-family care and, on a smaller scale, mothers' aid.

The Study Population

Figure 1 shows the seven-county area in south central Pennsylvania selected for study. The pentagonal cutout along the southern border of Pennsylvania locates the study area within the state, and the larger blowup shows the seven counties and the locations of the 14 homes studied.[7] The word "home," it should be noted, is used synonymously in this article with "orphanage" or "institution."

In 1912, the Russell Sage Foundation published a survey of all child-care agencies in Pennsylvania.[8] The survey listed 18 agencies in the seven-county area. One of these agencies, the Dauphin County Children's Aid Society, did not operate a home but functioned solely as a placement agency; another was a home for young mothers and their infant children; and two others closed their doors within 10 years of
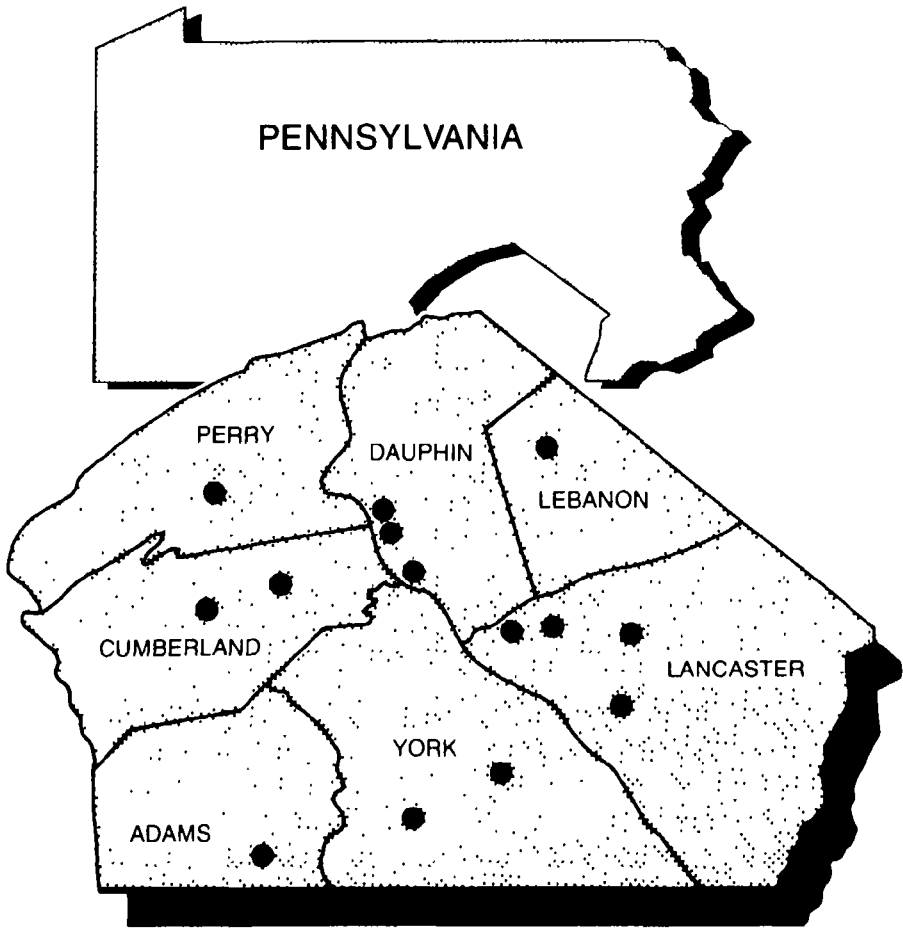
FIG. 1 — The seven-county study area in south central Pennsylvania

the survey. An additional two agencies, the Harrisburg and Lancaster Homes for the Friendless, were essentially almshouses and admitted adults as well as children. All of these agencies were excluded, leaving a total of 12 homes. Two of these homes merged shortly after the survey, which reduced the number to 11. Finally, four homes were located that opened after the survey but before 1920. The 15 homes so identified all remained open until at least 1960.

One of the 15 homes, the Milton S. Hershey School for Boys, was not studied. The reasons were several. The Hershey School did not consider itself an orphanage but a school for boys, which indeed it was. Hershey operated a complete school system, grades 1–12, and girls were not admitted until 1979. In addition, Hershey was not a home of last resort, as the other homes were; most boys at Hershey could be placed elsewhere. Boys who became troublesome at Hershey were expelled and, if no other arrangement could be made, were

placed in one of the 14 study homes or in a similar situation outside the study area. Finally, and decisively for our purposes, Hershey did not participate in the 1909 consensus and admitted a boy only if the parent or relative who brought him forward agreed to leave the boy at the school until he graduated.

The exclusion of the Hershey School left 14 homes. At the time the study began (1978), nine of the homes had already closed. Nevertheless, the admission/discharge records of all 14 were located. All admission and discharge dates were noted for every child in the records who was admitted for the first time before 1965. The total number of children for all 14 homes was 13,472. Not all of these records could be used, of course. Many children were admitted, discharged, readmitted, redischarged, and so on, frequently several times. To be used in calculating LOS, a child's record had to be complete, in the sense that it included *all* admission and discharge dates. Of the 13,472 records 12,254 were complete in this sense.[9] The remaining 1,218 records lacked at least one admission or discharge date and were excluded from the analysis.

Length of Stay, 1901–65

Of the 14 homes, five opened before 1900. The records of these five homes provide an especially good view of LOS because they were stable in the period of time that interests us, 1910–65. By 1910 at the latest, these homes had passed the start-up period in a home's history—just after it opens—when census is rising from zero to some more or less stable level. The last of the five homes to open was Messiah Children's Home in Mount Joy. It was a small home that opened just before the turn of the century. The two biggest of the five homes, York Children's Home and Tressler Lutheran, had both been open since the Civil War.

Figure 2 presents census and actuarial LOS for these five homes in 5-year intervals from 1901–65. The total number of children with complete records who were admitted to the homes is 3,905. Census was calculated by obtaining the total number of child-years spent in the home during a given interval (e.g., January 1, 1911–December 31, 1915) and dividing by 5. If a child was discharged and later readmitted, only the time actually spent in the home, excluding the time between discharge and readmission, was counted.

Table 1 presents the same information as figure 2 but in tabular form. In addition, table 1 presents raw LOS in 5-year intervals from 1901–65. To calculate raw LOS, the total amount of time spent in the home was determined for every child who was admitted in a given 5-year interval, summed, and divided by the number of children. The results of this calculation will be discussed below. "Actuarial" LOS is a different and, for our purposes, better calculation.
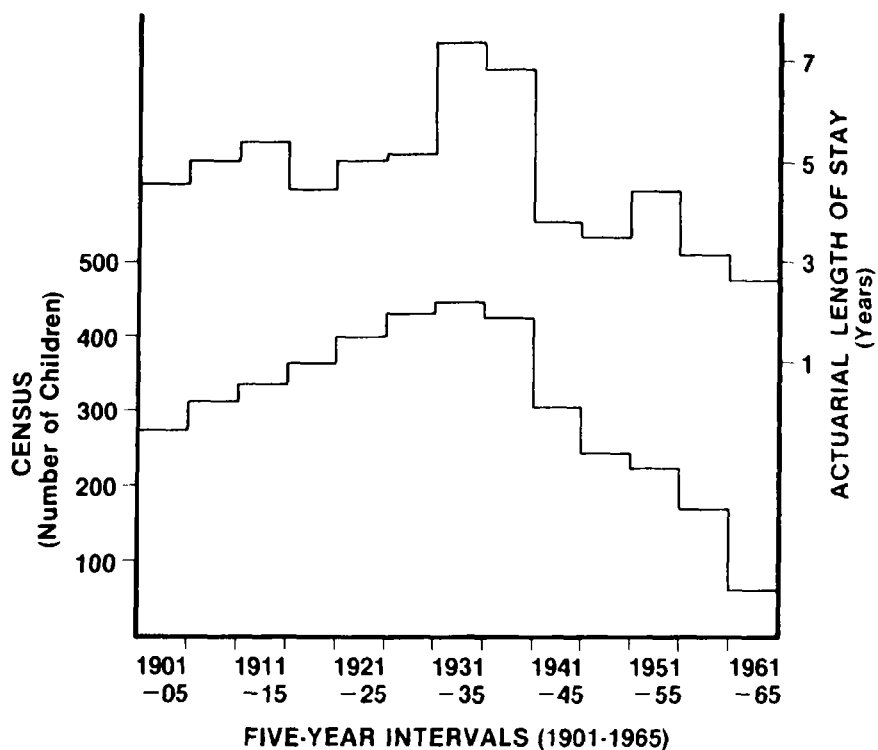
FIG. 2.—Census and actuarial length of stay by 5-year intervals for the five homes that began admitting children in the nineteenth century (N = 3,905)

The trouble with raw LOS is that it reflects conditions in the home not only during the index interval but for as long as children admitted during that interval remain in the home. Exactly the same problem occurs in calculating life expectancy. People born in 1911–15 live, at most, 5 years of their lives under the conditions that obtain during that interval. All the rest of their lives are spent subject to mortality risks that prevail at later times. Biostatisticians have solved this problem by calculating life expectancy as the average length of life in a hypothetical population of persons who live out the entirety of their lives subject to the age-specific mortality rates that prevailed during the index interval. The same solution applies in the present study. One has only to substitute discharge rate specific to how long a child has been in the home for age-specific mortality rates and, further, to take account in one's calculations of readmissions and redischarges (a problem, obviously, that biostatisticians do not have). Details of this calculation are given in the Appendix.

The first thing to be noted in figure 2 is that census rises steadily from the beginning of the century until the 1930s. With the outbreak of the Second World War census drops sharply and continues to drop

until, by 1965, it is roughly one-third of what it was when the century began. This curve has essentially the same shape as the corresponding curve for institutional census at both the state and national levels.

Actuarial LOS follows an irregular but generally flat course centered just below 5 years for 3 decades. Then, during the 1930s, it jumps to an average for the decade of more than 7 years. The average for the next 20 years is much lower, less than 4 years, and in the 1960s, actuarial LOS falls to less than 3 years. Three of the five homes represented in figure 2 opened before 1870. For each of these three homes the LOS recorded during the 1930s is the longest in the home's history.[10]

Raw LOS shows essentially similar results, with a peak just under 7 years from 1931–35. The main difference is that raw LOS begins to rise in the late 1920s and to fall in the late 1930s. This, of course, is what one would expect raw LOS to do, since many children admitted during the late 1920s were still in the homes during the 1930s (when LOS was very high) and many children admitted in the late 1930s were in the homes during the 1940s (when LOS was low). The effect of calculating raw LOS is to obscure the dramatic rise in LOS during the 1930s by confounding the rates that held during that decade with those that prevailed before and after it.

The results for the nine homes that opened in the twentieth century, also presented in table 1, differ from those in figure 2 in two major respects. First, the general level of LOS is lower by about 2 years than in figure 2, and, second, the steep rise in census is mainly artifactual

Table 1

CENSUS AND LENGTH OF STAY IN NINETEENTH- AND TWENTIETH-CENTURY HOMES BY 5-YEAR INTERVALS, 1901–65

	Nineteenth-Century Homes			Twentieth-Century Homes		
Interval	Census	Raw LOS	Actuarial LOS	Census	Raw LOS	Actuarial LOS
1901–5	275.8	5.3	4.5	39.0	4.2	3.6
1906–10	312.0	5.0	5.0	78.4	3.0	3.2
1911–15	337.0	5.5	5.4	177.5	3.5	2.8
1916–20	361.9	5.0	4.5	325.9	3.3	3.9
1921–25	396.4	5.2	5.0	378.5	3.3	3.4
1926–30	431.8	6.0	5.1	475.1	3.4	3.0
1931–35	442.5	6.9	7.4	571.3	4.3	4.1
1936–40	425.3	5.9	6.8	491.3	4.6	4.8
1941–45	305.5	3.3	3.9	379.7	3.0	2.9
1946–50	245.3	3.5	3.5	396.8	3.3	3.4
1951–55	226.1	3.5	4.4	414.6	2.8	3.2
1956–60	171.0	2.7	3.2	[illegible]9.1	2.1	2.2
1961–65	61.7	2.8	2.7	390.2	2.3	2.3

NOTE.—Census = average no. of children in the homes on a given day. LOS = length of stay in years. See text for explanation.

because all of these homes started from zero census sometime between 1900 and 1920. Both census and LOS, however, peak in the mid-1930s, very much as in figure 2. This feature of the results is not required by when the homes opened, nor is the decline in census and LOS after 1940. Actuarial LOS in the years 1931–40 is roughly 1 year longer than it was in the previous 3 decades.[11]

In all essential respects, the results for the two sets of homes agree. The increase in LOS first noted in the preliminary finding was not local but held throughout south central Pennsylvania. Contrary to the 1909 consensus, LOS was longer 30 years later than it had been at the time of the conference, and by substantial periods of time, 2 years longer for the nineteenth-century and 1 year longer for the twentieth-century homes.

Why Length of Stay Increased

Why did LOS increase to record highs during the 1930s? Could it have been that the pro-institutional minority submerged but not eliminated by the 1909 consensus was stronger than it appeared to be? Perhaps the increase in LOS was an attempt to maintain census and thereby to preserve the homes in existence.

The logic of such a response is straightforward. A home's census is a joint function of the number of admissions and LOS. The more children who are admitted and the longer they stay in the home, the more children there will be in the home on a given day. If, therefore, admissions drop and the home wishes to maintain census, it can only do so by increasing LOS.

Admissions, moreover, were dropping. In the 1920s, admissions to the five nineteenth-century homes had averaged more than 80 a year. In the 1930s, the number dropped to less than 60 a year. In the years 1926–30, the nine twentieth-century homes had averaged just over 180 admissions a year. In the 1930s, the number dropped to 110 a year. The predicate for the hypothesis seems, therefore, to have been in place.

Nevertheless, an institutional response is not the explanation for increased LOS during the 1930s.[12] Admissions were dropping, but censuses were not. There was no threat whatsoever to the homes during the 1930s because of falling census. Censuses were higher during the 1930s than they had ever been. The low rate of admissions was not a primary event to which the homes had responded by increasing LOS in order to maintain census. The primary event was a low discharge rate.

Censuses were so high during the 1930s that admissions to the homes could not increase unless discharges from them also increased, especially at younger ages. In fact, however, the reverse happened

For all 14 homes, the number of discharges of children 14 years of age or younger by 5-year intervals were as follows: 1926–30 (815), 1931–35 (546), 1936–40 (395), 1941–45 (621), and 1946–50 (661). The number of discharges of younger children fell by more than half in the late 1930s. As one would expect, the number of discharges of children 15 years old or older increased in these years. It was this shift in discharges from younger to older children that drove up both LOS and censuses in the homes. Once in a home, a child tended to stay there until age 18. As a consequence, LOS increased drastically and censuses rose secondarily.

But what accounts for the shift in age at discharge? Clearly, the Depression was mainly responsible. As we have seen, LOS changed very little for the first 3 decades of the century. In the Depression years it soared to record levels and then, with the advent of World War II, dropped below the levels that had obtained earlier in the century.

Nor can the first 3 decades of the century be dismissed as playing no role in the high levels of LOS during the 1930s. LOS did not change appreciably prior to 1930, but developments earlier in the century may well have prepared the way for what happened during the Depression. Two developments in particular seem to have played such a role. The first was the 1909 consensus itself.

The consensus of 1909 made institutional care an option of last resort. If at all possible, a child should be placed in a foster family. Institutional care was indicated only if the child could not be placed in a foster family or had been unsuccessfully placed. It follows that children in institutional care were difficult to place—or replace—once the objectives of institutional care were thought to have been realized. The orphanages were not dealing with average children in placement. The children's own homes were likely to be in greater disarray than the homes of other dependent children, and the children themselves less attractive to potential foster parents.

As we know, the 1909 consensus was not followed by any decrease in the number of children under institutional care. It was followed, however, by a marked increase in the number of children in foster-family care. Nationally, the number rose from 61,000 in 1910 to 105,000 in 1933. In Pennsylvania, the number almost tripled, from 5,512 in 1910 to 15,771 in 1932.[13]

This increase in the number of foster-family children took place concurrently with several major changes in American life. Between 1910 and 1930, the urban population increased from 42 to 69 million, while the rural population rose from 50 to only 54 million.[14] Both the divorce rate and the percentage of wives who worked increased substantially in these years, the former almost doubling.[15] In 1910, only 9 percent of the teenage population graduated from high school, while

in 1930, 29 percent earned diplomas.[16] In the first 30 years of th twentieth century, American society discovered adolescence, a perio of life extending from puberty to age 16, then 18, and later even 2 or older, in which a young person did not work but either went t school or became a social casualty (a dropout); gradually it becam illegal to work in early or midadolescence.

From the beginning of foster care in America, child-care agencie preferred to place a child with a rural and, if possible, a farm family they also sought intact families and women who did not work outsid the home. Hence, while the number of children needing foster-famil placement almost doubled, over the same period of time, the numbe of rural and farm families rose very little, the divorce rate increased more and more wives worked outside the home, and the econom incentives for fostering a child ebbed.

The inevitable effect was to make adequate foster homes more difficul to find. In 1923, the Child Welfare League of America (CWLA) circulate a questionnaire "with the idea of discovering in what direction chang of policy was tending."

"All of the agencies and institutions," reported the CWLA, "wrot that they are able to find sufficient family homes for their work, althoug some added that the search had to be persistent and was becomin increasingly difficult as resources of communities were used up, par ticularly where several agencies use this method of care. In som answers it was stated that boarding homes were difficult to secure; i others, on the contrary, free foster homes presented the difficulty."[1]

The reference in the above quotation to "free" and "boarding" home points toward another indicator of what was happening in foster family care. In a boarding home, the foster parents were paid somethin for their care of a foster child; in a free home, they were not. In 1893 Homer Folks reported that 329 out of 2,849 children in foster-famil placement in Pennsylvania (11.5%) were living in boarding homes an the remainder in free homes.[18] Nationally, the percentage was almos certainly much lower because Pennsylvania and Massachusetts led th country in the use of boarding homes. By 1923, the national percentag of foster-family children in boarding homes had risen to 30 percent.[1] In the first few years of the Depression, the percentage in boardin homes increased dramatically. By 1931, the percentage in boardin homes had reached 74 percent and by the late 1930s, the free hom had become as uncommon as the boarding home had been at the tur of the century.[20]

The passing of the free foster home carried two clear implications First, it meant that foster families were becoming harder to find; on had to pay for them now. Second, it meant that foster-family care wa no longer free to the agency placing a child. The cost of child dependency had escalated sharply, and it could not have happened at a worse time.

In 1933, CWLA Executive Director C. C. Carstens noted that the rate of increase in children under public or private care had "slowed down very much and that evidently a very substantial change had come in the situation."

"Did this check in the increase in the total number of children under care mean that good times had come back?" he asked. "Clearly not. There was another explanation. Funds had been exhausted or had been reduced. For example, nine agencies reported that they had ceased to take any more children; 51 others had discouraged the additional reception of children in every possible way and these 60 agencies reported that at a minimum 1,703 children had been turned away."[21] Carstens continued,

There had clearly come a very great financial shrinkage in the resources of the agencies, as follows:

1. Community funds upon which most of them depended had had a shrinkage of from zero to 50 percent, the average being something over 20 percent.
2. Private contributions, aside from those provided by the community funds, were reported as having shrunk from one percent to 94 percent, and a shrinkage of 50 percent in these contributions was common.
3. Endowed earnings had been very substantially reduced, the shrinkage varying from one to 46 percent.
4. Board payments by relatives or friends had shrunk from one to 90 percent and a shrinkage of 50 percent was very common in the reports.
5. Public subsidies to private agencies showed some increases varying from one percent to 62 percent, but the decreases were more numerous than the increases and they varied from one percent to 81 percent.[22]

"From these facts," wrote Carstens in conclusion, "relating to one-fifth of the children cared for away from home it has become evident that the care of children is a part of the relief problem. Thousands of children are being refused care because neither public nor private agencies in their respective communities are in a position to provide such care."[23]

LOS increased in the 1930s because younger children were discharged from the homes at greatly reduced rates; and the rates fell partly because of developments in the first 3 decades of the century. The 1909 consensus had made institutional care an option of last resort; therefore, children placed in homes tended to be especially difficult to place or replace in foster families. Further, the number of children needing foster-family placement almost doubled from 1909 to 1932, in the same period of time that massive demographic changes contained or eroded the number of high-quality foster families. As a consequence, home finding became increasingly difficult.

When the Depression began, the homes were already in a delicate position. Hard times put a quick end to the free foster home; hence-

forward, all forms of child care would be expensive. Hard times also exhausted the homes' financial resources. Many agencies had reduced the salaries of child-care workers; vacations, allowances for sick leave, and pensions had also been widely reduced. By the mid-1930s the homes could not care for any more children. The major institution caring for children in Kentucky reported that "with the exception of the hospital, the baby ward, and one other ward, there are two children sleeping in every single bed, and some are sleeping on the floor."[24]

In 1933, there were 249,000 children in foster placement nationally, 145,000 under institutional care, and 104,000 in foster families.[25] For the rest of the decade, these figures would remain largely unchanged. A kind of stagnation had set in. The homes were crowded with children and were financially strapped. Discharges of younger children had slowed down dramatically, partly because foster families were difficult to find, partly because the homes lacked the financial resources to maintain a full house and, at the same time, pay board rates for children in foster families, and partly because child-care personnel were already overworked and unable to provide any additional services (home finding, visiting, etc.). With crowded homes and a low discharge rate, the admission rate also slowed. Meanwhile, LOS soared.

Aftermath

As a factor in the decline of the American orphanage, the Great Depression seems episodic, a decade-long ordeal but then past. In fact, however, the Depression had consequences for child care that lasted for many years and played a significant role in the homes' decline.

As early as 1933, C. C. Carstens pointed out that many homes were borrowing money, sometimes on the credit of individual trustees, to help run the homes.[26] Even more were drawing on capital funds. Many homes had endowments, which, in normal times, generated interest. The interest was then used to help meet operating expenses. The endowments themselves were reserved for capital expenses, mainly new buildings or the repair and renovation of old ones. During the Depression, earnings from endowments were greatly reduced, as were all other sources of support, to the point where the endowments themselves had to be expended if the homes were to continue in operation.

A large majority of children's homes were church related, a few were nonsectarian; almost all were privately owned and operated. More than most buildings, those operated by children's homes were subject to depreciation. The endowments were the only assurance the homes had that they would be able to make the repairs and renovations that would ultimately become necessary. Once their endowments were depleted, it would be only a matter of time before the homes would

find themselves unable to continue operations in the old buildings. At that point the homes would have to raise new endowments or close.

Raising new funds became especially problematic after the passage of the 1935 Social Security Act. As early as 1932, boards of directors of some private agencies had "raised the question as to whether all dependent children should not become public charges. In some counties and cities this is practically now the case."[27] Later, after the act became law, the CWLA felt it necessary to reassure its members that "There is no occasion for private church or non-sectarian agencies or institutions to feel that they will soon be no longer needed because of the Social Security Act."[28]

These concerns arose because, for the first time, the Social Security Act provided extensive federal support to families with dependent children. This support, moreover, was primarily intended to help children in their own homes. Since 1909, the child-care community had agreed that the best way to care for a child was in his or her own home. All forms of foster care were less desirable and, of course, institutional care was less desirable than foster-family care. Still, as long as what had been called "mother's aid" was little supported, the homes were the largest component of the child-care system. With the new federal program they became relatively minor.

At the same time, fund-raising acquired a new dimension. It was more difficult to raise funds for children's homes when people were already paying taxes for the support of dependent children. The Social Security Act may have been a product of the Depression but the act itself and the ambiguity it created for private child-care agencies were destined to become permanent features of the American scene.

The Depression was a terrible time for children. Precise figures as to the number of homeless children are not available, but some estimates run as high as 1.25 million.[29] In 1933, the National Committee on the Care of Transient and Homeless (NCCTH) estimated that 1,225,000 persons were "sheltered on a given night and 11 percent of the total number [134,750] were boys under twenty-one years of age."[30] The NCCTH, however, counted the number sheltered, and there must have been many more on a given night who were not sheltered. In addition, the NCCTH did not count girls and there is no doubt but that many girls were also homeless. Taking all these considerations into account, 150,000 homeless children under 18 seems a reasonable figure.

By this accounting, there were roughly as many homeless children in the depths of the Depression as there were children under institutional care. During the Depression, America's orphanages threw every resource they had into the breach. They slashed budgets and drew down capital reserves; child-care personnel worked longer for less pay and sometimes with no vacations. In the process they seemed to become superfluous

or at least much less needed. Nevertheless, had it not been for the homes there might have been twice as many homeless children on the streets as there were.

In the first 2 decades following the war, Aid to Families with Dependent Children expanded enormously, children entering foster care became increasingly disturbed, and the costs of orphanage care rose steadily Home finding became critically difficult in the 1940s and has remained so since. Social work began to professionalize in the 1920s; after the war, its professionalization intensified. The child-advocacy movement of the 1970s gave a new edge to the 1909 consensus. All these trends and developments played a part in the eventual closing of most American orphanages. If the Depression cast a shadow over the future of the American orphanage, it was also superseded by that future. With America's entry into the war, a new and final stage in the history of the American orphanage was begun.

Appendix
Calculation of Actuarial Length of Stay

In a conventional life table the age-specific mortality rate (q_x, where x is integral) is the number of persons who die at age x, that is, between their xth and $(x+1)$th birthdays, divided by the number who reach age x.[31] Theoretically,

$$q_x = \frac{d_x}{l_{x+1} + d_x}$$

$$= \frac{d_x}{L_x - (Lx - l_{x+1}) + d_x},$$

where d_x is the number of persons who die at age x, l_{x+1} is the number surviving to age $(x+1)$, and L_x is the total number of years lived between exact ages x and $(x+1)$. The quantity $(L_x - l_{x+1})$ is the number of years lived between exact ages x and $(x+1)$ by those who die at age x.

In calculating actuarial length of stay, time in the home replaces chronological age. I will use the term "home-age" to mean "how old a child is in the home." Thus, a child at exact home-age x has been in the home for a total amount of time equal to x years, excluding all intervals of time between discharge and subsequent readmission, and q_x is the discharge rate specific to home-age x children. For any study interval (for example, 1901–5), d_x is the number of children home-age x who are *finally* discharged in that interval; L_x is the total amount of time spent in the home during the study interval by children between

exact home-ages x and $(x+1)$; and $(L_x - l_{x+1})$ is the amount of time spent in the home during the study interval between exact home-ages x and $(x+1)$ by children who are discharged at home-age x during the study interval.

The last three quantities, that is, d_x, L_x, and $(L_x - l_{x+1})$, and, hence, q_x, are all directly calculable. In words, for any study interval, q_x equals

$$\frac{\text{number of dischargees home-age } x}{\begin{array}{c}[(\text{total years home-age } x) \\ -\ (\text{years by dischargees home-age } x) \\ +\ (\text{number of dischargees home-age } x)]\end{array}}$$

Note that q_x necessarily ranges between 0 and 1. Since (total years home-age x) includes (years by dischargees home-age x), the denominator cannot be less than the numerator. For the same reason, q_x cannot be negative.

In calculating actuarial length of stay, we begin with two arrays of information graded by home-age, q_x and

$$f_x = \frac{L_x - l_{x+1}}{d_x} .$$

The latter quantity, f_x, is the average fraction of a year that home-age x dischargees spend in the home before they are discharged. In a conventional life table, f_x is estimated as 1/2, except for infancy.

Table A1 presents an illustrative calculation. The table starts with a cohort of 1,000 (l_0 = 1,000). Since q_0 equals .200, 200 children leave the home in their first year. Since f_0 equals .300, these 200 children accumulate 60 years in the home before they leave. Altogether the cohort of 1,000 children accumulates (800+60=) 860 years in the home between exact ages 0 and 1. Since 800 children survive to age

Table A1

ILLUSTRATIVE CALCULATIONS FOR ACTUARIAL LENGTH OF STAY

x	q_x	l_x	d_x	f_x	L_x
0	200	1,000	200	300	860
1	300	800	240	400	656
2	400	560	224	500	448
3	500	336	168	500	252
4	625	168	105	476	113
5	889	63	56	500	35
6	1 000	7	7	571	4

1 and q_1 equals .300, 240 children leave the home in their second year. Since f_1 equals .400, these 240 children accumulate 96 years at age 1 (between their first and second age-in-the-home birthdays) before they leave. Altogether, therefore, the cohort accumulates (560+96=) 656 years in the home at age 1. The calculation continues in this manner until age 6 when the last remaining seven children all leave the home. At that point the cohort of 1,000 children has lived a total of 2,368 years in the home. Hence, the average length of stay is 2,368/1,000 or 2.368 years.

Programs for making the above calculations were written in APL by the author and executed on an IBM 4381 mainframe computer.

Notes

I would like to thank Richard Biebuyck for his insightful help in the conduct of this study. I would also like to thank Professors Steven Stowe and Susan Lederer for their comments on an earlier draft of the manuscript.

1. Martin Wolins and Irving Piliavin, *Institution or Foster Family: A Century of Debate* (New York: Child Welfare League of America, 1964), p. 37; *Child Welfare Statistics, 1970* (Washington, D.C.: National Center for Social Statistics), table 7. These figures are for dependent and neglected children only. Adjudicated delinquents and retarded children are not included.

2. Wolins and Piliavin, p. 43; *1983 Pennsylvania Statistical Abstract* (Harrisburg, Pa.: Bureau of Statistics, Research, and Planning), p. 126. These figures are also for dependent and neglected children only, excluding delinquents and retarded children.

3. *Proceedings of the Conference on the Care of Dependent Children, 1909* (reprint, New York: Arno, 1971), p. 6.

4. G. A. Merrill, "State Public Schools for Dependent and Neglected Children," in *History of Child Saving in the United States*, comp. National Conference of Charities and Corrections (Montclair, N.J.: Patterson Smith, 1971).

5. James L. Paul, *Pennsylvania's Soldiers' Orphan Schools* (Harrisburg, Pa.: Lane S. Hart, 1876).

6. Homer Folks, "Child Saving Work in Pennsylvania," in *History of Child Saving in the United States*.

7. The preliminary finding was obtained at Bethany Children's Home in Berks County outside the study area. Hence, the data collected in the main study are independent of the preliminary finding and do not capitalize on what may have been a chance result.

8. William H. Slingerland, *Child Welfare Work in Pennsylvania: A Co-operative Study of Child-Helping Agencies and Institutions* (New York: Russell Sage Foundation, 1915).

9. Thus the data base constitutes a 91 percent sample of all dependent and neglected children under institutional care in south central Pennsylvania from 1910–65, excluding only the Milton Hershey School and a few homes that were open for only a part of the 55-year study period.

10. One of the three homes, Tressler Lutheran, though it opened shortly after the Civil War, moved in 1884 and admission/discharge records are available only since the latter date. As they are, however, the records include the period 1890–1910, which most people would expect to show the longest lengths of stay.

11. Although sample sizes are smaller and, therefore, the results more variable, actuarial LOS was also calculated by individual years. For the nineteenth-century homes, LOS was longest in 1933 and 1935, 8.3 and 8.1 years, respectively. For the twentieth-century homes, LOS was longest in 1938 and 1940, 5.2 and 5.5 years, respectively.

12. In other connections, institutional responses do seem to have occurred in the records of the 14 study homes. The best example is a marked tendency for LOS to start high when a home first opens and to fall and not level off until census builds up and stabilizes. The tendency appears unmistakably in three of the larger homes, York

Children's Home, Tressler Lutheran, and Harrisburg Children's Home At one home, York, there appears to be a prolongation of LOS when the home closed (temporarily as it turned out) and census was falling

13 Wolins and Piliavin (n 1 above), pp 37, 43

14 *Historical Statistics of the United States* (Washington, D C Bureau of the Census, 1960), p 14

15 Carol C Nadelson and Derek C Polonsky, *Marriage and Divorce A Contemporary Perspective* (New York. Guilford), pp 10, 15

16 *Historical Statistics*, p. 207

17 "What Our Questionnaire Shows," *Child Welfare* 2, no 7 (July 15, 1923) 1

18 Folks (n 6 above), p 139

19 "Latest Census Figures Now Available," *Child Welfare* 5, no 10 (October 15, 1926) 5

20 "The Effect of Unemployment on Child Welfare," *Child Welfare* 10, no 11 (November 1931) 2

21 C C Carstens, "Some Effects of the Depression on Our Members," *Child Welfare* 12, no 1 (January 1933) 6

22 Ibid

23 Ibid , p 7

24 "Down in Kentucky," *Child Welfare* 15, no 11 (November 1936) 3

25 Wolins and Piliavin (n 1 above), p 37

26 Carstens, "Some Effects of the Depression on Our Members," p 6

27 C C Carstens, "The Relation of Public to Private Care of Children," *Child Welfare* 12, no 12 (December 1933) 4

28 C C Carstens, "Trends in Child Welfare," *Child Welfare* 15, no 6 (June 1936) 5

29 Henry W Thurston, "Young Transients" *Child Welfare* 13, no 9 (September 1934) 6

30 C C Carstens, "Camps for Drifting Boys," *Child Welfare* 12, no 2 (February 1933) 4

31 For a good discussion of the life table, see Mortimer Spiegelman, "Life Tables," in *International Encyclopedia of the Social Sciences*, ed David L Sills (New York Macmillan, 1968), 9 292–99

Confrontation at the National Conference on Social Welfare

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From 1968 to 1973 a variety of ethnic, racial, and "cause" groups in social welfare pressed for recognition and remedial action. As their staging area they selected the largest national gatherings in the field, the annual forums of the National Conference on Social Welfare. Seeing the Conference both as a symbol of the establishment and an instrument for social change, they demanded changes in the Conference. It responded rapidly by including underrepresented minorities and interests. It could not, however, become the unified voice for social welfare in national policy-making.

The social welfare field was deeply affected during the tumultuou 1960s, when the nation was moving from the spiritual urgency of th civil rights movement to violent urban riots and confrontational campu take-overs. In this period of protest and aspiration, a variety of nev and assertive groups appeared in the social welfare field. They chos as their staging area the largest and most diversified gathering in th field—the annual forum of the National Conference on Social Welfar (NCSW) (hereafter referred to as the Conference).

The Conference had been established in 1873 in a period of rapi change and westward expansion. Industrialization and urbanizatio had increased human misery and labor strife. The founders of th Conference were mainly from state boards of charities and the cor rections field, which was reflected in the name "National Conferenc

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of Charities and Correction" that was used until 1917. The scope was broadened when the ranks were increased by individuals from the charity organization movement who were strongly motivated by the belief that a rational and "scientific" method of charity administration could be found. Individuals from the settlement movement added other perspectives, as did those from burgeoning new agencies, many of which were formed as a result of Conference contacts. A focus on practice and an interest in training permeated the Conference, and it became the matrix for developing the national associations of the schools of social work, and of social workers. Identification with this new profession was reflected in 1917 when the name "National Conference of Social Work" was adopted.

Meetings addressed a range of social problems, but the Conference never became an institution for achieving specific goals. Rather, it continued to be an educational resource where individuals could get new knowledge and share what they had "learned by doing." The Conference was open to new and frequently unpopular ideas and to anyone interested enough to join or attend. Its commitment to a broad approach was reasserted in 1956, when the name was changed to the "National Conference on Social Welfare."[1]

By 1968, the annual forum typically offered about 200 meetings, audiovisual and other presentations, and exhibits during a 5-day period. These meetings were planned by an elected program committee and seven or eight other elected committees covering fields of concern such as health or income maintenance. About 170 persons served on these committees for 3-year rotating terms, to encourage maximum involvement of a diverse national membership. Two of the 5 days were planned by the 60 national agency associates. An important employment registration service was staffed by the U.S. Employment Service. Forums were scheduled in rotation in different sections of the country. The proceedings of each forum (in later years called the *Social Welfare Forum*) were published and considered a basic sourcebook for the field. An information retrieval system was developed to make this cumulative material accessible to scholars.

The Conference provided secretariats for the U.S. Committee of the International Conference on Social Welfare (ICSW) and the National Association of Statewide Health and Welfare organizations. (The Conference also provided the secretariat for the entire ICSW until the latter became independent in 1967.) The Conference was governed by officers and a national board of 29, elected by a membership which, in 1968, included 7,500 individuals, 1,100 local and state agencies, and 110 national agencies. Support came almost entirely from memberships and forum registration fees: there were no reserves. (In 1967, e.g., there was an income of $223,000, of which 62.6% came from membership dues and contributions, 28% from forum fees and earnings,

8% from U.S. committee of ICSW dues and fees, and 8.6% from other sources.)[2]

To manage this large enterprise, which changed each year in site, content, and leadership, there was a small staff which, at its largest, never numbered more than 14. An efficient operation was required, dependent on clear operating procedures, good communication, and strict scheduling. High quality and stability of executive leadership contributed to what was essentially smooth functioning: Alexander Johnson was director from 1905 to 1913, Howard Knight from 1925 to 1947, and Joe Hoffer from 1948 to 1971.

This was the target for protest groups in 1968. The experience of the Conference between 1968 and 1973 is part of the national record of a time of hope and anguish, as a variety of ethnic, racial, and cause groups expressed their frustrations and demands, and as the organization responded.

The actors in this 6-year drama included the National Welfare Rights Organization (NWRO); the National Association of Black Social Workers (NABSW); the National Federation of Student Social Workers (NFSSW), Trabajadores Sociales de la Raza; the Association of Puerto Rican Social Service Workers (APRSSW); the National Congress of American Indians (replaced by the Association of American Indian Social Workers), the Asian American Social Workers; the Social Workers Welfare Movement (SWWM); the United Farm Workers; the Social Service Employees Union or the American Federation of State, County, and Municipal Employees (AFSCME); Women's Issues; gay social workers; the Fortune Society (representing prisoners); and, in the last year, the National Caucus of Labor Committees (followers of Lyndon LaRouche, then in his left-wing phase).

Each group had its own identity and life span. Many intersected and some collided. What brought them together was their use of the Conference and its forum. For some it was the symbol for the whole field of social welfare and therefore the backdrop against which they could protest and articulate demands. For others, the Conference offered a way to move into the mainstream. They sought to "redeem" the Conference by making it truly inclusive. Whether groups wanted to be "dealt in" or whether they just wanted a national audience to hear their outcries, for the most part their grievances were serious. The forum made it possible for them to "do their thing" in the spirit of the times and to announce to the country at large, "We are here."

The Conference found itself in a role it had not chosen. As the object of attack, it was cast as the establishment and was forced to define itself, examine its principles, and decide when to change and when to resist. For 6 years, the attack was distilled into two main issues: (1) whether the Conference would demonstrate inclusiveness in its own organization and (2) whether the Conference would take a stand

on social issues and become the "national voice of social welfare." On the first issue, the Conference did emerge as a broadly representative organization both in structure and spirit. On the second, it finally did take public stands expressing social concerns, but it searched in vain for a way to create a broad organization that might be a more powerful voice of social welfare.

1968

When 8,200 social workers registered for the 1968 Forum of the National Conference on Social Welfare, scheduled to open May 26 in San Francisco, they anticipated a respectably relevant program on the theme, "An Action Program for Social Welfare," with several hundred meetings emphasizing the immediate social and political situation. That spring had seen the Tet Offensive in Vietnam, the decision of President Johnson not to run for reelection, the assassination of Martin Luther King, Jr., and the first of the campus sit-ins at Columbia University. But most social workers did not know that a loose "Coalition for Action Now" would confront the Conference and set its agenda for some years to come. Before 1968, only a few agencies had faced militant critics. Most people in social welfare saw themselves as compassionate and helpful. They were unprepared to be characterized as uninvolved bystanders or as exploiters of the poor.

For more than a decade, however, forces had been building that would inevitably draw social welfare into the turbulence of American life. These started with the drama of the civil rights movement in the South, under the leadership of organizations like the Southern Christian Leadership Conference (SCLC), the Committee for Racial Equality (CORE), and the Student National Coordinating Committee (SNCC), where the heroic persistence of nonviolent citizens finally overcame massive and violent resistance. The 1963 March on Washington was the spiritual high point of this phase. By 1964, landmark federal legislation in school desegregation, public accommodations, and voting rights had firmly established legal rights.

Then attention shifted to economic concerns, with the passage of the Office of Economic Opportunity (OEO) legislation and new housing and urban renewal legislation. A twin focus on poverty and racism was understood as urgent when, starting with the Watts riot in Los Angeles in 1964, a sense of outrage swept the urban centers of the nation and between 1964 and 1968, cities were racked with disorder.

In both the civil rights struggle and the early antipoverty program, the federal government had been a force for justice and a protector of the disenfranchised. It reached around restrictive local power structures and was seen as a guarantor of maximum feasible participation in a democratic, inclusive society. By 1968, faith in governmental

support was slipping. Cities and states had asserted control over their antipoverty programs. The war in Vietnam dragged on and on, and its cost became the rationale for severe cuts in social programs. The Welfare Amendments of 1967 were blatantly repressive. The hope that had tempered the struggles of the decade was beginning to be replaced by a sense of betrayal and loss. Martin Luther King, Jr., was assassinated in April. The very week of the forum, the Poor People's March on Washington took place under the leadership of the SCLC, with mule teams and wagons bringing southern supplicants to the tents of Resurrection City on the Washington Mall. The report of the National Advisory Commission on Civil Disorders had just been released, and it documented the nation's distress and warned,"Our nation is moving toward two societies, one black, one white—separate and unequal."[3]

Another force was at work that would have meaning for the Conference. It emerged from the college campuses where young people were in passionate revolt against the undeclared war in Vietnam and the draft. Symptoms of disaffection were a disrespect for authority, a distrust of all establishments, flouting of ritual, and trashing of middle-class mores. In angry or troubled questioning of their elders, young people sought to tear away hypocrisy and ask for forthright declarations of personal values. In part, this youth movement was chaotic as it rejected structure and hierarchy. But it also included many who were doing serious thinking about the structure of society. Some were found in the Welfare Rights Organization, but most were in the Students for a Democratic Society and its social welfare arm, the Social Workers Welfare Movement. They questioned the legitimacy of agencies that had failed to eliminate the causes of social problems. They feared that palliative programs essentially supported a repressive social order and charged agencies with "welfare colonialism." Distrusting hierarchies, they belittled professionalism and advocated self-help and community control. Serious philosophical thinking was also taking place in the black community, where the idea of Black Power was struggling against the older ideal of integration. This was the social setting for the May 1968 forum.

The first intimation of challenges came from the Coalition for Action Now. Made up of the National Welfare Rights Organization, the National Association of Black Social Workers, elements of the National Federation of Student Social Workers, and the Social Workers Welfare Movement, this coalition informed Conference President Wayne Vasey that there would be disruption during Attorney General Ramsey Clark's address to a general session. The demonstration was to protest the Department of Justice authorization of temporary grape harvest workers from Mexico—thought to be a strike-breaking device against the United Farm Workers. Simultaneously the National Welfare Rights Organization

requested a special meeting to publicize the Poor People's March on Washington, and the coalition asked for a general session where resolutions could be presented and action taken

The Conference leadership was responsive during the next 5 days to all demands to be heard. The coalition was given clearance to conduct its organization session immediately after the opening general session, and there its divergent interests were sorted into four task forces: to support the grape workers, to support the Poor People's March, to support NWRO and its minimum family support goal of $5,400, and to study the structure of the Conference with the aim of converting it into a social action body. Time was found for a town meeting, and a committee of the national board helped individuals and groups to prepare resolutions President Wayne Vasey chaired the town meeting, which was attended by 1,600 people The National Association of Black Social Workers presented its demands at the beginning of the Wednesday morning general session, which was to be addressed by Leo Perlis, director of the Community Services Committee of the AFL-CIO. When the NABSW spokesmen left the platform, some 400 black social workers in the audience marched out in a show of solidarity. At the Wednesday evening session addressed by Attorney General Clark, there was picketing by a large contigent of United Farm Workers, who interrupted the attorney general in a lively but orderly 5-minute demonstration. Wilbur Cohen, a major architect of the Social Security Act and just-named secretary of the Department of Health, Education and Welfare, was picketed at a luncheon of the Child Welfare League of America while receiving its public service award, on the ground that he represented an administration that had not yet responded to the report on civil disorders

Militancy was sparked not only by challenging groups Those who raised money for the Poor People's March, who fasted for peace, who marched and demonstrated represented a cross-section of the forum acting in the spirit of the times. The forum closed on Friday with a speech by Whitney M Young, Jr , executive director of the National Urban League and a recent president of the Conference. He gave a healing and unifying interpretation of black demands [1]

Although newspaper reports gave an impression of serious disruption, with the *New York Times* stories headed "Militancy Sweeps a Welfare Group" and "Parley Questions Relevance of Social Work to the Human Condition," comments by attendees were largely favorable, as revealed in 35 postforum comments published in the summer *Conference Bulletin.* They spoke of the "visible and tangible social ferment," the "enhancement of NCSW's vitality with demands for change" Violet Sieder, a leader in community organization practice and education, wrote that "the protests direct to the Conference by the Black Social Workers, the agricultural workers and the Vietnam protesters testified to the

relevance of social welfare to the critical areas of our society."[6] Dorothy Bird Daly, dean of the National Catholic School of Social Work at Catholic University, added historical perspective when she rated this forum as the most exciting since the one in 1935 "when social workers were in the vanguard in the development of the social security system, the unemployment compensation system, programs of Federal support of assistance to the needy, establishment of a minimum wage. . . . The 1968 Forum demonstrated that social workers may have become too identified with the status quo, but when the issues become clear they can and do remain identified with their clients, and are ready to take aggressive action toward the attainment of vital social goals."[7] Only a few expressed fear that vociferous protest might destroy tolerance for differing points of view.

The demands on the Conference were twofold. One was that it purge itself of any racism by guaranteeing black participation in all committees, focus future programs on white racism, give NWRO free associate group membership, and ask Wilbur Cohen to withdraw as president-elect on the grounds that he was elected on a single slate and that he was part of the Johnson administration which had not acted on the report on civil disorders.

The second demand was that the Conference change its focus to be consistent with the 1968 theme, "An Action Program for Social Welfare." This demand was backed by a petition submitted by 50 Conference members, proposing a new preamble to the Conference constitution. This would specify that the Conference was for both providers and users of welfare services, and also that its purpose was to be a major social action organization, to serve as a public conscience, provide for a national coalition on issues and problems, and clarify positions and implement appropriate strategies and action.[8] These two concerns would become, in one form or another, the primary challenge to the Conference for the next few years.

The board began its response immediately. It set up committees to consider how the social action goal might be implemented, how a revised preamble might be submitted to a membership referendum, and how the constitution might be revised to assure full inclusion of minority groups. The board offered free associate group membership to NWRO, to NABSW, and, later in the year, to the National Federation of Student Social Workers. Privileges of associate groups included holding their own meetings during the forum, participating in the combined associate group meetings, and having an exhibit booth at a reduced rate. The program and nominating committees were instructed to solicit more minority input.

This process of "reaching out" was easy to accept. It fit with social agencies' concept of themselves as enablers. Also, it was obvious that the adminstrative and program committees of the Conference were

not representative of its varied constituency—a failure that was so clear that there was no argument against setting specific numerical requirements.

For the Conference to "serve as a public conscience" was another matter. The diverse nature of its individual and organizational membership has been noted. Most of the national organizations had their own areas of expertise or advocacy. Some were umbrella organizations that convened other agencies in their area of concern (e.g., the National Health Council, the Council on Social Work Education, and the National Assembly for Social Policy and Development). How could all these concerns be melded together in one voice? Some believed that decisions could be made by those attending a forum. However, attendees were not even representative of a national constituency, for 60–70 percent always came from within a 300-mile radius of the host city. Only mail votes could speak authoritatively for the membership. Those familiar with public policy formation questioned how the Conference could implement strategies and action if it did not establish a presence in Washington, bolstered by a nationwide action network.

The national board sought to move forward. Since the preamble of the constitution stated flatly that the Conference was a forum for discussion and "does not take an official position on controversial issues and adopts no resolutions," the first step was to present to the membership new choices for the preamble. The petitioners' proposal had added "users of service" as potential members and had made social action the main goal. The national board prepared its alternative recommendation. This also included users of service, but it put the forum function first, saying "it will provide opportunities for articulating issues, clarifying positions, and may take measures to implement appropriate strategies and action."[9]

In considering the intent of the board, it is clear from the minutes that this statement meant different things to different members—to some, a kind of town meeting or a social action session in collaboration with one or more of the "umbrella" groups or encouraging member agencies to take action. Some thought that "may take measures to implement" provided authority for the NCSW to act in its own name on social issues, but the statement was left ambiguous.

In January 1969, the membership referendum accepted overwhelmingly the board's proposal on the preamble. The board prepared to highlight social action in the educational content of the forthcoming forum. A "social action forum" session was scheduled. Caucus rooms were reserved and a task force appointed to help individuals and groups prepare resolutions.

One committee was at work on constitutional changes to insure minority representation. However, the inclusion of users of service as potential members had not been considered carefully. The board, as

was true in many agencies, was uncomfortable with charges of "welfare colonialism" and found it easy to agree that clients or members have a primary stake in how services are offered. This led logically to agreement with NWRO that welfare clients belonged at the forum, and that their presence would add reality and urgency to discussions. NWRO pressed for subsidy for such participation, and the board offered to join forces with NWRO to approach foundations to pay expenses of 50 users of service to attend the 1969 forum. Some board members tried without success to get such foundation support. They felt that a good-faith effort had been made, and the matter was dropped

Meanwhile, the mood of the country grew increasingly contentious Robert Kennedy was assassinated just after the 1968 forum. In August, there had been the spectacle of the police riot at the Democratic convention in Chicago, and later the trial of the Chicago Seven All that summer, the Poor People's Campaign in Washington had struggled for a response from the administration. A new president, Richard Nixon, had been elected but the country was still mired in Vietnam Campuses were in turmoil. All this was to be reflected in the coming 1969 forum in New York What had been a spirit of urgency and hope in San Fransisco became, in New York, one of violent dissent and confrontation.

May 1969

The 1,500 people attending the opening session of the forum were startled to find themselves held captive in the ballroom of the New York Hilton. A symbolic takeover of the platform from President Arthur Flemming, planned jointly by the NWRO, the Black Social Workers, and the Social Workers Welfare Movement, was itself taken over by NWRO.[10] In command of the microphones, stage, and the 15 exits, the NWRO demanded $35,000 from the Conference, $25,000 from attendees, and unspecified amounts from 11 "selected" national organizations. All exits were blocked by strong young men, and no one was permitted to leave. About $1,025 was collected as the audience was exhorted to move forward, row by row, with its contributions Negotiations were held behind the scenes. After a long period, passive resistance mounted and people began to move about and visit. Police stood by outside but were not called. Finally, the hotel employee who could release the ballroom's dividing wall arrived from his home on Long Island and freed the audience. A meeting of the board was announced for early the next morning, and at 10:30 P.M. the opening session of the ninety-sixth annual forum was finally called to order

No conference session in the history of this rather staid organization had ever been held in such tension, as the "welfare establishment" now felt the weight of demands for "reparations."[11] Earlier in the day,

there had been a flight of convention bureau personnel from the registration desks as NWRO representatives forcibly solicited a dollar "surcharge" from all registrants in a "give us back our money" campaign.[12] Young workers had tried to cook and sell breakfasts in the rooms reserved for caucuses. Volunteers who were to check badges at meeting room doors were often shouldered aside, so that unregistered individuals came in at will. Several exhibit booths were taken over.

The forum, with 7,000 attending its 204 scheduled sessions, went on for 5 days more or less on schedule. But the excitement centered on the large meetings. General sessions were taken over in turn, after the NWRO opening night demonstration, by the NABSW, Trabajadores de la Raza, and Chief Thunderhawk, who represented Native Americans. The annual meeting, where a drive for user-control amendments to the constitution took place, went into so many extra sessions that it almost crowded out the Social Action Forum. By the fifth day, the surreal atmosphere had stirred some emotionally unstable participants, who took to the microphones to lament their personal troubles.

Groups differed in their goals and strategies. The Social Workers Welfare Movement was well organized, and sought "the creation of a radical alternative to the present economic and political structure, a political base among the work force of social welfare and the poor and working class communities which are the main consumers of social welfare services."[13] It espoused abolition of the "professional caste system" and joint worker-community control of social services, and therefore tried to disrupt the employment service conducted at the forum. The Spanish-speaking workers were trying to develop an accommodation between those from Puerto Rico and those who were oriented to Mexico, referred to as "Chicano." They made their demands during the annual meeting in a polite and gentle manner, acknowledging that reforms would take time.

Three main concerns emerged. The first was money, and the persistent effort made by NWRO to get a grant from the Conference. When NWRO took over the opening session from its coalition "brothers" it clearly put its own needs first.[14] There was certainly a misconception about the financial resources of the Conference, which had no property or monetary assets. The modest 1969 budget of $265,000 was the minimum needed to organize a national forum for 7,000 participants. The true cost of each forum was enormous if one costed out the time and effort contributed voluntarily by the 60 associate groups, the contributed hours and travel of all committees, the time and travel of speakers (no speakers were paid), the contribution of federal and local officials and host-city volunteers. This volunteered effort, the only real asset of the Conference, rested on the good will of the participant-consumers and on their desire to be part of a national event. To be part of this so-called power structure did not mean access to a vast

treasury but, more often, sharing responsibility for trying to keep the Conference solvent.

For this reason, NWRO's demand for money was seen as a hostile attack on a frugal voluntary organization. The national board began to circle the wagons around the small and threatened treasury. In the many meetings of the board during forum week, there was a firm stand against any grant to NWRO, although the question was added to the agenda of the annual meeting for an advisory opinion. At that meeting, NWRO amended its proposal to specify that the dues of member agencies (not individuals) be raised to finance the attendance of at least 250 NWRO members at the 1970 forum. This proposal lost, for it seemed unfair to tax only one category of members—agencies that were also underfunded. The board then decided, in view of its $14,000 deficit, to have a fall referendum on dues, offering a choice between the status quo, the NWRO demand, and a board alternative proposal to raise dues "to cover the deficit and to subsidize representatives of all the 'emerging groups' to participate in the administrative and program committees and Forum programs."[15] The board suggested that a significant portion could be made available for participation of a substantial number of NWRO members, but the board proposal meant that the board clearly retained control of its own disbursements and broadened eligibility for subsidy to all emerging groups.

The second issue had to do with racism, and NABSW carried the banner as it had done in San Francisco. This group caucused most of Tuesday in preparation for "intervening" at the opening of the Tuesday night general session. At that time, it presented its demands, pressing for sharp increases in minority participation, urging that a political action council be established in Washington, and presenting grievances about the minority situation in schools of social work. The Conference leadership affirmed its general agreement with these goals, and approved setting up an implementation committee from the Conference and the NABSW.[16]

Since the Conference was working toward a new constitution that would assure broad participation of racial and ethnic groups, that issue did not cause tension. There was strong disagreement, however, on the place of users of service. As noted, the Conference had not considered carefully the full implication of participation by users of service and certainly was unprepared for the proposal of user control as advanced by the Social Workers Welfare Movement. These proposals became the major issue at the annual meeting of members, so that this meeting, often dull and poorly attended in the past, was conducted for 9 hours in a series of adjourned meetings over a 2-day period. The specific proposals were for a national board of 16, of whom 12 would be from minorities; a nominating committee of 21, half of them

r; a program committee of 16, four representing broad welfare rests and 12, low-income users. A double slate was proposed for positions. By the time a vote was called, attendance was low, but e present voted 114 for and 56 against these proposals The board ed to submit them along with its own, for the membership ref- dum on revision of the constitution.

he Social Action Forum, subject of so much anxiety and strategy, a victim of fatigue since all passion had been spent in the annual ting. Only 147 attended.

hat happened in New York left an aftermath Many were offended he violence and profanity Some applauded the patient, conciliatory mer of President Flemming, while others felt afraid and unprotected oming President Wilbur Cohen stated in his acceptance speech he opposed violence and threats in any guise and would not be ty to destroying the Conference. Some interpreted this as a hostile and order statement, and booed him Leo Perlis, director of the -CIO Community Services Committee, which was an associate up of the Conference, demanded an early meeting of all the associate ups "in view of the obscene performance by extremists and their logists" to "review the actions taken to the end that the 1970 im is strengthened as a representative, responsive and democratic ference."[17] Such a meeting was held. Mr. Perlis saw a real threat he disruptions, for in his mind they paralleled the tactics of the mmunists in the 1930s when they attempted to "bore from within" abor unions. The main issue came to be whether the Conference lership would agree to call the police to handle disruptions. The ference then, and in the years to follow, held to the principle that disturbances within meetings would be handled by the Conference se in a public space such as lobbies and halls would be the re- nsibility of hotel security. If hotel security felt it necessary, it would the police.

hen people recovered from physical and emotional exhaustion, Conference moved ahead on agreed goals. The dues referendum t to the membership on September 15 and returned with a 54.4 ent approval of the board's proposal. Based on anticipated new me, the board allocated $8,000 for minority program participation speakers, planning committee members) to cover transportation s and two days' expenses, at $23 a day It was estimated that this ld subsidize participation for 50 individuals. The Conference was ady offering free exhibit booths to "emerging groups" It now ranteed 500 free registrations (but not travel) for low-income persons e next forum

another referendum, the constitution revision proposals went he membership along with the user control proposals from the ual meeting. The board's proposal required a specific number of

individuals from "emerging groups" (defined as racial and ethnic mi norities, users of service, "frontline" workers, aging) in all categorie of participation—national board, nominating committee, and program committee. It provided for a double slate for all positions. The ref erendum vote was completed on May 7, 1970, with a 37.2 percen return: 150 voted for the old constitution; 171 for the user contro version; and 1,578 for the national board's recommendation. The firs task had been accomplished—the Conference had a new constitution guaranteeing a more representative and inclusive organization.

1970

As the Conference prepared for its May 31, 1970, forum in Chicago there was no sense of business as usual, but rather alertness to some danger. The Conference leadership had been charged by the associate groups, who had held three meetings, to take any necessary measure to insure the rights of participants to meet in safety and withou intimidation. The new constitution was now in force. Fifty individual from "emerging groups" had been subsidized for program participation and 400 free registrations were made available to low-income individuals The forum program had significant participation of minority individual and had content addressing national problems. George McGovern Barbara Jordan, Jesse Jackson, and Whitney Young, Jr., were among the speakers. The presidential address by Wilbur Cohen was to be followed by a panel of reactors chosen from challenging groups The closing session, to be moderated by Chicago author Studs Terkel included ardent critics of the status quo.

This forum took place at a time of continued national frustration The country was still mired in Vietnam, and the bombing of Cambodia had added one more outrage. The picture of the killing of student on the Kent State University campus was vivid. A mood of fatigue and frustration seemed to overshadow attempts at reconciliation. No matter what positive changes the Conference felt that it had achieved there was a hardening of positions.

At the opening session, President Cohen outlined a hard-hitting legislative agenda, based on his particular vantage point as secretary of the Department of Health, Education, and Welfare. But the panel of reactors, which included George Wiley, executive director of NWRO four women he called on as additional speakers, Russell Means of the United American Indians, Julian Rivera of the Puerto Rican Social Service Workers, Pablo Sanchez of La Raza, T. George Silcott of NABSW and Irwin Bahl of the Student Social Workers, for the most part continued to state their own groups' grievances or attacked the Conference as being unresponsive. There was disillusionment with the country, perhaps, and a growing awareness that the Conference could not

become the social conscience of the nation. There was a bitterness that contrasted with the high excitement of the previous year.

The National Welfare Rights Organization, aware that it had lost support because of its disruption in New York, distributed buttons stating, "For an Orderly Conference." But it continued to press a claim for $12,000 as a "payment for its participation" in the forum. It presented a resolution that the Conference turn over a third of its budget to a coalition of emerging groups, to be administered by them. Most forum attendees had a genuine concern for the plight of welfare clients and chipped in when NWRO representatives passed the hat at various sessions. But it was pointed out that George Wiley had never attended a NCSW board meeting, and there was anger when NWRO scheduled a fund-raising party at the same time that a coalition of emerging groups was to hold its general session.

The Social Workers Welfare Movement had gathered strength since the previous forum. This group, with its hostility to all establishments, tried to run a competing conference. It registered individuals as "People's Delegates" and tried to have these badges authorized for free entry to the NCSW forum. Its stated aim was to force counterreaction. On one day it ran rival sessions, "The People's Alternative Health Workshop," with outstanding speakers and 400 in attendance. An associated group, the Social Work Radical Caucus, asked at the last moment if it could schedule a meeting about the trial of the Chicago Seven. It was offered an open slot in the program but rejected this offer and ran its meeting at a competing time. The Social Workers Welfare Movement represented a radical and consistent ideology that did not include "reforming" the Conference for its own good.

Other groups had no special designs on the Conference and were using this meeting to speak of their trials and aspirations. La Raza was active. American Indians were newly prominent. They had an almost impossible task of agreeing on national spokespersons because of their separate tribal organizations, and representation kept changing. The United American Indians had been represented at the opening session, and early in the week they "liberated" the exhibit booth of the Bureau of Indian Affairs in a peaceful takeover. But another group, referred to as the "teepee Indians," had been camping out in a Chicago park, and were gathered in during forum week. This new group later took over the booth from the United American Indians. However, the latter felt responsible for the contents of the booth and took with them for safekeeping the valuable rugs of the Bureau of Indian Affairs.

The issue of racial and ethnic inclusiveness did seem to be finally settled. The board went even further than s designation of $8,000 to assure minority participation in the forum: it voted that, in the future, one-sixth of the budget for each forum be used to assure the

presence of "emerging groups," covering such items as travel to planning meetings and program sessions, complimentary registrations, free exhibit booths, and space in the printed program.

The social action issue was far from settled, however. There was no disagreement on speaking up or being heard. The board voted that papers on income maintenance which had been given by Barbara Jordan and Eveline Burns be sent to all associate groups, urging them to make income maintenance an agency priority. The NWRO was invited to write about its position on the Family Assistance Plan to be published in the spring *Conference Bulletin*

But disagreement remained on taking formal stands on social issues Several short summaries, printed in the *Social Welfare Forum, 1970*, reviewed the forum from different perspectives.[18] The administration statement listed all the steps the Conference had taken in that year to become more democratic and socially relevant. These were dismissed by Howard Prunty of NABSW who wrote, "Placing more minority group representatives on the national Board, on program planning committees, and so forth is not enough, opening up opportunities for program participation is also insufficient, nothing short of being a catalyst for constructive change will do [19]

There was a telling change, however. The national board itself had become increasingly uncomfortable with the restrictions of the old constitution that precluded taking official positions on controversial issues. The new constitution stated that NCSW "may take measures to implement appropriate strategies and action," but it had been approved only that month and thus its new freedoms had not been tested At the annual meeting, C. F. McNeil, executive director of the National Assembly for Social Policy and Development (NASPD), submitted a resolution asking the Conference to assess how it could become a social action body and acquire necessary resources. Werner Boehm, first vice-president of NCSW, in writing his view of the Chicago forum, affirmed the need for an educational forum but at the same time asked, "has the time come to clarify what the words of the Constitution 'may take implementing measures' really should mean. If we can look at what lies underneath the rhetoric of the emerging social welfare interests, we may find that our goals are similar to theirs and we may want to decide that coalition can take the place of contention."[20]

By its November 1970 meeting, the board showed itself ready for radical action. Many critics of the Conference would have been satisfied if the organization merely took verbal stands. But the board was more realistic and knew that any effective legislative program would require a presence in Washington, a network of local constituencies, and vastly increased financial resources. It voted to "establish a committee to study alternate means including merger, coalition, or other relationships with one or more organizations to find the most responsible way for NCSW membership to be involved in social, political and legislative

ıction."[21] This committee explored potential union with all the umbrella agencies, and on its recommendation, the board voted in May 1971 hat the Conference invite the board of the NASPD to participate with t in making a plan for consolidation of the two organizations and eport for action by October

Meanwhile, planning for the 1971 forum in Dallas included a maximum involvement of Hispanics. Speakers were to include Jorge Lara-Braud of the Hispanic-American Institute, Andrew Young, Sol Linowitz, epresenting the Urban Coalition, Leonard Woodcock of the United Auto Workers, Mayor Howard Lee of Chapel Hill, North Carolina, Governor Gilligan of Ohio, and Congressman Charles Rangel, head of the Congressional Black Caucus Once again, the Conference leadership believed that it had prepared a program of quality and political elevance and wondered what the next confrontation might be.

1971

Relations with the Hispanic members were excellent Some demonstrated heir good will by raising money to employ Las Estrellas de Jalisco, a mariachi band, to serenade the opening session. As president, I opened he meeting in Spanish as well as English since bilingualism was such in emotional issue. At one forum session, when the Dallas police chief was speaking, he was challenged about the locally potent Rodriguez ase, in which the police department was accused of violating civil iberties. The case was aired at the Social Issues Forum, and the board ater voted to ask the U S Civil Rights Commission to investigate

Relations with NWRO could not be predicted. Director George Wiley had informed me that the NWRO would never be a part of the Conference. Rather, it would assess the situation at the time of each forum and decide if it was worthwhile to mount a confrontation Just before the Dallas forum, all NWRO leadership was in Nevada, where a significant public policy struggle was taking place. At the last moment, the Homeland Ministries of the United Church of Christ decided to subsidize the attendance of a number of NWRO representatives. Their goal was to build support for a federally mandated minimum family grant of $5,400. The NWRO coordinator negotiated with me regarding activity that would bring support rather than antagonism With our agreement, NWRO spoke about its goals at the close of the presidential address, took a collection at the close of the Monday evening session, and had its banner displayed during the session when Ambassador Sol Linowitz was presenting the alternate family support plan backed by the Urban Coalition. NWRO showed the flag at this forum but had neither the troops nor the will to disrupt

As to other groups, NABSW was on the scene but not strong in the Southwest. The American Association of Retired Persons represented the interests of the aging, and the Social Service Employees Union

spoke for "direct line" workers. The Social Workers Welfare Moveme
seemed to have disappeared.

On the social action front, the national board voted on May 18 th "it accepts the premise that interpretation of the Constitution is with the province of the Board, and social action is an appropriate functi of the Conference; its form and substance shall be limited by its resour and by the limitations of the Bureau of Internal Revenue Service (501)(c)(3) charitable organizations." Leaflets announcing this decisi were distributed during the day, and there were cheers when the acti was announced that evening at the Social Issues Forum. Antagonis toward the Conference was suddenly defused.

The new, overriding issue for this forum came, interestingly, fr the good feeling of the Chicano groups. The 1972 forum was schedul for Anaheim, California, in Orange County. La Raza said that t city was characterized by severe discrimination against Hispanics a police brutality, and asked that the site be changed.

The issue was clearly stated in the annual meeting resolution prepar by the Puerto Rican and Chicano caucuses:

> Whereas (1) NCSW functions as an annual nationwide educational for for the social work profession, and (2) whereas this general purpose can demonstrated in action by matching what we say to do with where we me (3) whereas the choice of Anaheim, California as the next forum site refle a gross insensitivity to the problems of the poor and ethnic groups by funneli our economic contributions to the local economy, and thus involving us collaboraion with the local economy, (4) whereas our NCSW boycott of Co products at this Forum has established a precedent for the use of an econon boycott to register our disapproval, and (5) whereas an alternate meeting s should serve to truly educate by dialogue and action, those persons in o society who have both power and responsibility to effect social changes in t society,
> Be it resolved: that the next Annual NCSW Forum be held, not in Anahei Calif., but rescheduled in Washington, D.C.[22]

This resolution was approved at the annual meeting by an 89– vote, with 50 abstaining, and was referred to the national board. The were serious obstacles to a change of site less than a year before t event. It was almost too late to select another site. The administrati had signed a contract for $5,000 with the Anaheim convention bure and had already paid $1,250. Executive staff members felt sincere that the Conference might well be sued for the entire amount, a that reneging on a contract would destroy the credibility of the Co ference for future business dealings. They expressed the convicti that "a vote to move is a vote to kill."

When the board met the day after the annual meeting, a delegatio of about 20 members, most of whom were Hispanic, appeared an were invited to present objections to the Anaheim site. Their stron

bjections to Anaheim were posed against financial and practical dif-
iculties for the Conference, and within hours "going to Anaheim" ecame the major real and symbolic issue at the forum. The board oted to set up a committee to visit Anaheim, assess the situation, and eport to the executive committee in July. This committee of six went) Anaheim, and after two days of intense conferring with local people, oncluded that conditions were not good or conducive to holding the 972 forum there.

The executive committee reviewed the report on July 15 and voted –5 to accept the recommendation not to go to Anaheim. Because of he closeness of the vote, however, it was decided to present the issue o the full board through a written memorandum. Board members ho did not respond promptly were polled by telephone. On August , the board vote stood 17 for going to Anaheim, 14 for not going, could not be reached.

Obviously, a postcard and telephone vote could not settle the issue t had become a symbol of whether the Conference was sensitive to s minority members. Some organizations, including churches and arious schools of social work, talked of boycotting the forum, or icketing. Some associate groups refused to take exhibit space. It was lear that the final decision would have to be made in face to face liscussion at the November board meeting.

The board had to face the extent of financial liability and whether ny alternative site could be found. Executive staff felt that it would ot be ethical for them to aid in the search for an alternative site since hey had signed the Anaheim contract. Therefore, several board mem-
ers undertook the search and found two alternative sites. It was ssumed that the $1,250 deposit was lost.

At the November board meeting, this most divisive matter was finally ettled, with the current president, James Dumpson, the past president me), and the president-elect, Mary Ripley of Los Angeles, presenting united front favoring a new site. Guided by its legal counsel, the oard voted to suspend the rules and abrogate the Anaheim contract, ven though this action left members open to be sued as individuals. Vith only the dissenting votes of the executive secretary and the treas-
rer, the board voted to hold the 1972 forum in Chicago.

Meanwhile, during the summer, consolidation negotiations had been going on between the Conference and the national assembly. Charles chottland, president of Brandeis University (a past president of the onference and a trustee of the assembly) chaired negotiations. A letailed plan of organization had been prepared and Conference rep-
esentatives were favorable. The assembly appeared to the Conference o be an appropriate partner. It was compris[illegible] of voluntary national rganizations, a high percentage of which were also associate groups of the Conference. The assembly prepared social policy positions that

could be appropriate bases for forum discussions, and the assembly, like its member agencies, was based on a partnership of lay people and professionals with a broad view of social welfare. However, the assembly, which was considering a new structure for itself, concluded that it had to defer any decision. The concluding statement agreed to by the two executives reported that the consolidation plan "never fully resolved the difficulties of putting together an organization with a large open membership and one with a small lay membership."[23] The Conference board was disappointed but instructed its committee to work with any appropriate national organization in the interests of a more powerful voice for social welfare.

1972

Preparations for the Chicago forum progressed in an atmosphere of relief and good will with the Anaheim issue settled. There were some handicaps. A return to Chicago after only 2 years put too great a burden on host-city volunteers, and the fact that it had to be scheduled on Memorial Day weekend further limited volunteer recruitment. But a dynamic program was developed on the theme "Breaking the Barriers to an Open Society," with Leonard Woodcock, president of the United Auto Workers, President James Dumpson, and Vernon Jordan, the newly selected executive of the National Urban League, as major speakers. Two new "interests" were heard from during this forum—the Majority Caucus of Women in Social Work, and the "under 25s." The Conference responded favorably to requests for inclusion in the program from the gay liberation movement, and one paper from this source was included in the *Social Welfare Forum.* Consciousness was raised about prisoners through the participation of the Fortune Society. The board voted to support Cesar Chavez, head of the United Farm Workers, who was then engaged in a hunger strike in support of unionization of lettuce workers, and appointed a committee to confirm by personal investigation that the Conference hotels were using union lettuce.

President Dumpson, in his report to the membership, noted that the Conference had moved steadily and substantially toward its goal of inclusiveness. The board in 1971–72 was 41 percent nonwhite and its official committees were 32 percent nonwhite. In the nine committees developing programs, 59 individuals out of 135 (44%) came from "emerging groups." For the 1971 forum, 88 individuals from these groups had received transportation and a 2-day per diem allowance to enable them to be on the program. Complimentary registrations were offered to low-income persons through associate groups; 64 were issued in 1971 and 135 in 1972. Complimentary associate group status and caucus rooms had been offered to eight groups. The new constitution ensured that this inclusive pattern would continue.

The Chicago forum marked an interesting new development in the goals of protesting groups. Now that they were part of the mainstream of the Conference, they began to move into a bureaucratic mode. Their new strategy, already used in the NASW, was to become a permanent and distinguishable part of the organization through establishment of racial/ethnic "commissions," their task to provide monitoring of minority concerns within the organization.

Historically, the Conference had been called the "mother of conferences" since it provided a place where people of like interests could meet and develop their own specialized organization. The process was at work with these newer groups, too. Conference participation had made possible or strengthened the organization of the Puerto Rican Social Service Workers, the Student Social Workers, Trabajadores de la Raza, and, in the beginning, the NABSW. Maintaining contacts with these groups was costly in time for the Conference, for most had turnover in leadership and no secretariats. Conference staff often had to take the initiative with new leaders and supply background information. Now these groups saw the usefulness of a continuing structure and sought to keep themselves viable through a special niche within more established organizations. This raised some philosophical questions: if their goal was to be part of the mainstream, might it not be lost if they continued to stress a separate identity? Was it not the task of a board committed to inclusiveness to monitor its own performance?

This newer focus on maintaining group identity ran into practical problems at the annual meeting, when resolutions were proposed asking that a specified number of persons under age 25 be added to all program committees, that women of all ethnic groups be represented in all levels of policy-making, and that all unrepresented minorities review and make recommendations on all papers selected for inclusion in the *Social Welfare Forum*.

Actually, the first goal of the 1968 revolution had been accomplished by this time. The Conference was widely representative and open to the voices of all who felt themselves to be outside the mainstream. No minority commissions were added, nor were they felt to be necessary.

As to social action, the board, freed from old constraints, sought ways to speak out that were within its capabilities. The executive committee decided to use the Chicago forum to develop a position statement on social welfare issues that would then be presented to the summer meetings of the Democratic and Republican platform committees.[23] Each associate group was asked for proposals in line with its area of expertise. These were built into a draft statement that was discussed and amended at the pre-forum board meeting. The revised version was widely distributed at the forum and was the main business of the Social Issues Forum. The board met at the close of the forum and acted on changes proposed. In June, as executive director, I presented the NCSW's "Political Platform Statement" to the Democratic platform

committee meeting in St. Louis,[25] and in August, board member Andre Freeman presented it to a similar Republican committee in Miam The statement included items on income maintenance, comprehensiv social services, children, aged, health, employment, housing, educatio justice, civil rights, consumer protection, farm labor organization, an a council of social advisors. It registered "opposition to any continuatio of the genocidal war in Southeast Asia, and to the use of our precio natural and human resources as instruments of death."

Acting on its own initiative and within its own resources to som degree satisfied the board's wish to contribute to social change. At i November meeting it developed a policy paper in response to admin istration proposals for what seemed to be vindictive attacks on th poor—cutbacks in day care, workfare programs—and sent its statemen to President Nixon, all members of Congress, and all state governor

1973—the Centennial Forum

The Conference celebrated its centennial very modestly in a wet an windy Atlantic City. An inspiring multimedia historical presentatio opened the week, where Burt Lancaster, Celeste Holm, Ruby De singer Betty Allen, the San Jose Boys Choir, and the Children's Danc Theatre of Harlem contributed their services. Public Affairs Pamphlet Inc., put out a special issue entitled "When People Need Help." Historia Clarke Chambers edited a conference publication covering "A Centur of Concern." The Franklin Mint designed a commemorative meda One special event was an interchange between past presidents on th future of social welfare.[26] The first full day was devoted to a "Spotligh on the Future" in which the entire forum participated, seated at 10 tables with specially prepared leaders, and reacting to a series of pre sentations about the economic, social, and political life of the natio Ralph Nader, the crusading consumer advocate, was the closing speaker

It seemed that the confrontation days might be over, but this wee brought two more episodes, one internal and one external. It happene that most of the field was outraged by the new welfare regulation proposed by the Department of Health, Education, and Welfare, s there were some early protests against inviting Secretary Caspar Wein berger to address the Wednesday night general session.[27] But th program committee felt it was important to hear from the administration and more important, for the administration to hear from the field. I had therefore scheduled a session of the Social Issues Forum immediatel at the close of Secretary Weinberger's address and had his promise t remain for the session.

Meanwhile, on Tuesday morning a completely new protest grou appeared, consisting of about 30 young white people from New York Calling themselves the National Unemployment-Welfare Rights Or

ganization, they claimed the same privileges of participation that had been given to earlier groups.[28] Accordingly, six designated leaders were given complimentary registrations, those claiming to be reporters were given press privileges, and the rest, complimentary 1-day registrations. On the basis that they represented a new radical alternative, it was agreed that one of them might make a statement at the close of the Weinberger address. But after they seriously disrupted the meeting addressed by Irving Bluestone, head of the General Motors division of the UAW, and also disturbed press conferences, the board revoked all privileges. They stayed long enough to carry out their main project, temporary disruption of Secretary Weinberger's address. None were ejected from the meeting, and, when their voices gave out, the secretary was able to proceed. Ironically, most of the audience was militantly opposed to Secretary Weinberger's point of view but began to feel a certain sympathy for him when he rode out the disruption with composure and humor.

The secretary was called back to Washington and could not remain for the general discussion, but agreed to meet with Conference representatives to hear objections to the welfare regulations. This meeting was held in Washington in October. In time, these punitive regulations were modified.

In its commitment to try to create a broader voice for social welfare, the Conference had been exploring with NASW the possibility of some consolidation. A structural design was developed that could start with NASW, NCSW, and the U.S. Committee of the International Conference on Social Welfare (for which NCSW provided the secretariat) as the first participants but could include any other national organizations that wished to join. The beginning phase called for NASW to focus on professional interests; for NCSW to provide educational meetings; for the U.S. Committee to handle international interests. A fourth legislative-social action arm would represent the first three units. Each corporation would continue to exist and send representatives to a joint administrative board.

This plan was approved by the NCSW board in 1974 but rejected by NASW, which was involved at the time in internal matters that claimed priority. There was some disappointment that this potentially valuable experiment could not be attempted, although many in the Conference had feared that, in any alliance in which professionals were in the vast majority, the participation of a broad social welfare constituency, especially laymen, would be lost. The Conference had to abandon consolidation attempts and contribute to social change in its own way. One new effort began in 1974, using the Conference's accepted convening role to produce policy papers on current federal issues. A Washington office was opened, policy positions were developed and published through contracts with governmental departments, and

these reports became the basis for educational institutes sponsored by the Conference.

Epilogue

In this protracted struggle, what were the gains and losses for both the protestors and for the Conference?

It appears that the groups that gained the most were those that were oriented to social work and identified with its values. This included racial and ethnic groups such as the Asian American Social Workers, the American Indian Social Workers, Trabajadores de la Raza, the Puerto Rican Social Service Workers and the National Association of Black Social Workers, although the latter became strong enough to proceed independently early in the process. Also among the gainers are those who spoke to the needs of special segments of the population—aging, women, prisoners, gays. The goals of these groups were compatible with the rest of the Conference membership. Also it was within the power of the Conference to give them an opportunity to be heard, to have their special needs acknowledged, to have a chance for national contacts, and to provide a friendly matrix for organizational development.

For the Conference, the presence of these minority groups with deeply felt agendas added a degree of engagement and passion to forum deliberations. Many attendees came from agencies or towns relatively untouched by the national crisis. For them the forum offered a kind of "sheltered workshop" where they could be sensitized to issues and forced to address them in concrete ways. A board member of the 1950s might have been surprised to see a board member of 1972 in the basement of a Chicago hotel inspecting crates of lettuce for the label of the United Farm Workers.

Some of the conflict was a matter of style. In order to mount a forum for 4,000–6,000 persons with a very small staff, the Conference had developed an efficient and fairly rigid bureaucratic system. Deadlines and paperwork were important. Added to this was a fairly formal style, with opening night receiving lines and board meetings at sit-down breakfasts. The intrusive actions of challenging groups brought a shock to this smooth operation and forced the Conference to be more accepting of spontaneity.

For NWRO, participation in the Conference won some support for its legislative program. The Conference publicized NWRO arguments for the minimum family grant and was sympathetic to major reform of the welfare system. But when the focus of NWRO was on its own need for money rather than on its members' needs, it lost support. And when its tactics included physical force and verbal abuse, it antagonized not only forum attendees but also the other protesting groups.

For the Social Workers Welfare Movement there was probably no gain. Its criticisms of the social order were not new, for social welfare had periodically questioned whether it was perpetuating social problems by alleviating symptoms. It was important to have this issue again brought to the forefront. But for the change which SWWM wished to effect—bringing an organization under control of poor people and minorities—the Conference did not provide an appropriate target. Demonstrations of user control were plentiful in social service programs (e.g., programs sponsored by unions such as the International Ladies Garment Workers Union [ILGWU], the Amalgamated Clothing Workers, the United Seamans Service, burgeoning self-help organizations, and many neighborhood-based leisure-time or community development programs). But the Conference was different. It was primarily an adult education service. It had been established in 1873 by its users and continued to be supported and controlled by them. The users of this educational service had a different focus from the users of various social services, although all shared common human needs and obligations as citizens.

In general, the first demand by the emerging social welfare interests was met, and the Conference had become representative of a varied racial and ethnic constituency with many causes. This transformation made the Conference more interesting and more educational, in giving opportunity for cross-cultural understanding.

On the issue of becoming a social action organization, the importance of influencing national policy was supported by many, not only by the challenging groups. But traditionally the highest value was set on the "forum" function—discussion as a form of scientific inquiry and as a prelude to action.[29] This was reaffirmed as a priority. Even if it had been agreed that the Conference should also become an action body, there were operational obstacles. The Conference functioned in a nonthreatening way by convening individuals and groups to organize each forum. It had neither the authority nor the capacity to develop one voice from this disparate membership. There was a further question. Was one voice desirable? Each member organization had its own special expertise, and at the time fluid coalition building seemed to be the most effective legislative method of influencing Congress.

The Conference sought to accommodate these elements by combining with some other organization that already had a presence in Washington and a lobbying potential. Perhaps this was a naive hope, and certainly the diligent efforts of the Conference over a 3-year period went for naught.

The long process, however, freed the Conference itself from constraints, and it became "a voice." It ended the 6 years, still committed first to "education," but with a deepened awareness of the need for citizen action. Along with the nation, it had been shaken to its roots. It had been living in, and not just observing, the nation's turmoil.

Postscript

The Conference held its 110th and last forum in 1986 and dissolved as a corporation in 1988. Did the events of 1968–73 contribute to this outcome? In my opinion, the answer is no. It appears that the Conference had run its course. In its century of life it had provided a clearing house for ideas about problems and their solutions. It was the incubator for many specialized agencies and for the profession of social work. It maintained the broad view that the solutions to social problems required the participation of all citizens, lay and professional.

Such an approach is difficult to sustain in the face of ever-increasing professionalism, specialization, and narrow focus on methods and techniques. Along with the general information explosion, there has been a concomitant growth of short-term training opportunities, most of which focus on immediate application to the work situation. Agencies with limited money have found short-term and close-to-home training more feasible than the longer, more distant, and more generalized forum.

Even though increasing fragmentation and isolation of specialized groups may make broad perspectives even more urgent, it is difficult to find stable institutional support for a cross-section organization. Many older institutional forms for joint planning, coordination, and action are finding it difficult to survive. The 1990s will bring new alignments and new modes of communication and learning, but common understanding and common effort will still be needed in solving social problems.

Notes

The sources for this article are largely the official documents of the National Conference on Social Welfare. They include minutes of board and executive committee meetings, quarterly conference bulletins, annual proceedings published by Columbia University Press as the *Social Welfare Forum*. Minutes and bulletins of the Conference, as well as quoted ephemeral material, are now located in the Social Welfare History Archives at the University of Minnesota, Minneapolis.

1. Frank J. Bruno, *Trends in Social Work 1874–1956* (1948, 2d ed., New York: Columbia University Press, 1957).
2. *Conference Bulletin* 71, no. 3 (Spring 1968): 8.
3. *Report of the National Advisory Committee on Civil Disorders* (New York: Bantam, 1968), p. 1.
4. Whitney M. Young, Jr., "Reason and Responsibility in the Elimination of Bigotry and Poverty," in *Social Welfare Forum* (New York: Columbia University Press, 1968), pp. 141–55.
5. *Conference Bulletin* 71, no. 4 (Summer 1968).
6. Ibid., p. 11.
7. Ibid., pp. 5, 6.
8. What was meant by "action" might be indicated by the town meeting resolutions to support the Poor People's Campaign, to back the family support plan advocated by NWRO, to oppose the 1967 Welfare Amendments, to support the United Farm Workers. All these resolutions were later endorsed by the national board, acting in its own name

Resolutions not endorsed by the board included opposition to the Vietnam war, support of draft evasion, and principled civil disobedience. One asked that the Conference employ as a consultant Tom Hayden, who had addressed one of the forum sessions.

9. *Conference Bulletin* 72, no. 1 (Fall 1968): 13.

10. As reported by Howard Prunty in *Social Welfare Forum, 1969* (pp. 185–92), the major objective had been to radicalize the forum for the good of the organization, to prevent the system from operating as usual, and not to injure, harm, or destroy. The loose coalition of NWRO, NABSW, SWWM, a Spanish-speaking representative, and a delegation from Women of the American Revolution planned to occupy the platform and delay the proceedings for an hour and a half while they informed the audience about their goals, and then to turn the meeting back to President Flemming.

11. This was a new tactic being used by some organizations to get money, particularly from churches. The rationale was that organizations that had enjoyed privilege should pay "reparations" to compensate groups that had suffered deprivation.

12. Leaflets distributed by the "Give Us Back Our Money" campaign gave the following rationale: "The existence of social welfare organizations is dependent on the suffering and poverty of the oppressed, whose work has not substantially changed living conditions of the poor, and whose resources go into maintaining professionals who are isolated from their constituency. Therefore NWRO, with 30,000 members in 100 cities, is the only organization capable of making changes." It asked for the $1 individual surcharge and grants from organizations so that its membership could participate.

13. Leaflets distributed by the Social Workers Welfare Movement.

14. Actually, NWRO was in a precarious financial condition. There was a rift in the leadership. The national organization had accepted a $434,930 contract with the Department of Labor to "explore ways in which welfare recipients can assume leadership roles" in the Work Incentive Program, a program that had earlier been condemned by the organization. The 1,000-member Philadelphia chapter, which had lent its physical strength to the opening-night disruption, condemned the action of its national office as a "sellout" (*New York Times* [May 28, 1969]).

15. Minutes of board of directors, July 18, 1969.

16. Within a month, NABSW informed the Conference that it was breaking off any further negotiations, although its members would participate as individuals. This was perceived, not as hostility, but as a sign that NABSW was coming into its own as a stronger and more independent organization.

17. Telegram dated June 1, 1969, from Leo Perlis to Wilbur Cohen, president of the Conference. In files, Social Welfare History Archives, University of Minnesota, Minneapolis.

18. Short statements included in *Social Welfare Forum, 1970* included: I. George Silcott, "Social Welfare Priorities—a Minority View"; Virginia Doscher, "Where Are Solutions?"; Werner Boehm, "Chicago Scene I"; Howard Prunty, "Chicago Scene II"; Conference Administration, "A Report to the Membership"; and Florence Horchow, "An Observer's Comment," pp. 137–67.

19. *Social Welfare Forum, 1970*, pp. 159–60.

20. Ibid., pp. 154, 155.

21. *Conference Bulletin* 74, no. 3 (Spring 1971): 9.

22. Minutes of annual meeting, May 8, 1971. Social Welfare History Archives, University of Minnesota, Minneapolis.

23. Minutes of national board meeting, May 27, 1972. Social Welfare History Archives, University of Minnesota, Minneapolis.

24. In earlier days, insurgents had challenged conservatives on the issue of social activism. In 1912, a small group completed a 3-year study entitled "Social Standards for Industry," covering hours, wages, safety, and a federal system of insurances. This was reported at a forum, although no votes were taken. A small group carried these standards to the Republican convention, where they were rejected. However, Theodore Roosevelt had been impressed. When he soon bolted the Republican party and formed the new Progressive party, he took these standards over completely as part of his platform. The Progressive party lost and soon collapsed. A more serious challenge was mounted in 1934 when social workers were heavily involved in administering federal programs that grew out of the Depression. Mary Van Kleeck, who had been director

of industrial relations for the Russel Sage Foundation and a member of the War Labor Relations Board, spoke at the Kansas City forum. She said that service in governmental positions committed social work to preservation of the status quo, in service of property and profits, at a time when radical social change was necessary. Her speech electrified and polarized the conference. These observations are from Allen F. Davis, "Insurgency and Reform at the National Conference, 1912 and 1934" (paper presented at the 1969 forum), NCSW unpublished papers (1969), Social Welfare History Archives, University of Minnesota, Minneapolis.

25. I had become executive director in 1972 on the retirement of Joe Hoffer.

26. This group included Eveline Burns, Leonard Mayo, Nathan Cohen, James Dumpson, Arthur Flemming, Lester Granger, Margaret Hickey, Sol Morton Isaac, Mary Ripley, Thelma Shaw, Sanford Solender, Wayne Vasey, Ellen Winston, and me.

27. The proposed changes were to limit aid to those on welfare, eliminate services to the working poor, lengthen the period for determination of eligibility, reduce the period for notice of termination, reduce appeal opportunities, relax rules protecting privacy and dignity, limit information and referral services to employment only, increase day-care fees, and eliminate services for intact families. Taken together, these seemed to show a spirit of hostility and meanness, although the claimed objective was to help the truly needy. The secretary had stated that it was "to cap a financial gusher that had been spraying scarce welfare dollars all across the income front."

28. This group was organized by Lyndon LaRouche, then in his left-wing phase. Members were active in the New York area and had caused campus violence at the University of Pennsylvania, and there were reports in the *New York Times* that it had held people against their will in protracted brainwashing sessions. The group listed as their enemies Queen Elizabeth, the mental health movement, the Trilateral Commission, the United Auto Workers, and Aristotle, among others. Later, LaRouche ran for president. In 1988, he and some staff members were prosecuted for credit card fraud, and he was sentenced to jail in February 1989. The most recent publication about this movement is Dennis King, *Lyndon LaRouche and the New American Fascism* (New York: Doubleday, 1989).

29. James Leiby, "The Conference in the 1890s" (paper presented at the 1979 Annual Forum), NCSW unpublished papers (1979), Social Welfare History Archives, University of Minnesota, Minneapolis.

Debate with Authors

Resisting the Evil Empire: Comments on "Social Work and Psychotropic Drug Treatment"

Harriette C. Johnson
University of Connecticut

In his article on social work and psychotropic medication (*Social Service Review*, December 1988), David Cohen spells out several roles for social workers in relation to the use of medication. Unfortunately, the merits of his recommendations that social work curricula include content on psychopharmacology and that social workers assume monitoring and advocacy roles on behalf of patients—recommendations with which I strongly concur—are eclipsed by a biased and inaccurate account of the history of the treatment of mental illness and the role of social work in this treatment. For every issue that he addresses, Cohen presents a case against medication without reference to evidence that contravenes his position.

For example, in the political sphere, Cohen's rhetoric is intended to persuade the reader that drug treatment, like shock treatment before it, functions not to help relieve suffering but to enforce the social control needs of mental health professionals and to protect psychiatry's dominance of the mental health field. Historically, according to Cohen, social workers have played the role of subservient handmaiden to turf-building, pill-pushing psychiatrists, readily acquiescing to damaging pharmacologic treatments. Only the early social workers in the prepsychotropic era gave priority to patient needs; they "did something we seem to have forgotten to do: they listened to their clients."[1]

Some of Cohen's sweeping generalizations are simply untrue. For instance, early trials of psychotropic medication did not involve merely "a few obscure chemicals tested in the back wards."[2] In actual fact, prototypical trials of psychotropic medication were also conducted with patients in the community and in the active multimodal therapeutic milieux of major teaching institutions such as Harvard and Yale.[3]

Cohen states that "drug treatments were entirely developed in environments that justified a variety of physically damaging interventions to compel patients to conform to institutional life."[4] As the social worker on a psychiatric ward at a major teaching hospital at that time, I can attest that in at least one hospital, the antithesis of this assertion was true. All staff members, including nonmedical personnel (social workers, occupational therapists, and aides), shared observations about the effects of medications on patients, and physicians used these observations and patients' own reports of how they were feeling to modify dosage or discontinue medication. Patients had maximum freedom to come and go and to engage or not engage in activities. Patient-staff dialogues about ways to improve the ward milieu were daily events. Medications were tried in a spirit of excitement and hope that persons formerly condemned to years of institutionalization might reintegrate into community life. Many of them did. The abuses to which Cohen alludes have been extensive, but the credibility of his argument is not strengthened by explaining the entire history of the development of drug treatment as a strategy for power manipulation.

With respect to the deleterious effects of medication, Cohen's presentation is equally one-sided. The dangers of inappropriate drug use and the tragedy of tardive dyskinesia are well known to practitioners working with mentally ill persons. Certainly, social workers must ensure that those prescribing drugs are held accountable, as Gerhart and Brooks's excellent article makes clear.[5] However, Gerhart and Brooks, unlike Cohen, present a balanced view that gives more than grudging acknowledgment of the helpful effects of medication as well as its dangers.

As an argument against drug use, Cohen reports a review of controlled studies showing that after 2 years, 48 percent of drug-treated patients relapsed as compared with 80 percent of placebo-treated patients, giving "only" a 32 percent net drug effect. If we accept Cohen's own assumption that these findings generalize to the entire population of mentally ill persons, the one-third of patients who have remained well because of long-term medication constitute millions of people. In his zeal to discredit psychotropic medication, Cohen fails to acknowledge the benefits of drugs to enormous numbers of people, despite the serious and unresolved dilemmas associated with their use.

Another example of distortion is Cohen's portrayal of typical recipients of psychotropic medication as zombies, "docile inmates able to respond to simple commands but relatively unable to initiate spontaneous conduct."[6] This rendering is accurate for patients who are improperly medicated, but it is by no means accurate for the entire population of medicated clients. Cohen omits any description of those who function at a much higher level with medication than without. He asserts that "prevention of adverse drug effects must become the single most important issue in contemporary drug treatment."[7] Others might argue that finding the most effective uses of drugs to alleviate mental and physical suffering is at least as important.

With respect to theories of etiology, Cohen deplores current tendencies to interpret deviant behavior as manifestations of subtle brain disorders and suggests that social work approaches that emphasize the importance of family and social systems in maintaining or creating client problems are more desirable.[8] Not only does Cohen summarily dismiss a massive body of evidence on the biological substrates of schizophrenia and other mental problems but he also presents a view implicating families in pathogenesis that is guaranteed to offend a nationwide consumer movement spearheaded by the National Alliance for the Mentally Ill.

One more example of the distortions in Cohen's article involves a reference to a recent textbook in which, he notes, 15 pages are devoted to the central nervous system and its neurotransmitters, and only one line to adverse drug effects.[9] Yet the subject of the chapter, which I authored, is the biological bases of psychopathology, not the pros and cons of drug use. The latter is critically important and has been addressed admirably elsewhere, but it is a different subject from the biological bases of psychopathology.[10] The purpose of the exposition on the central nervous system was to explain how the brain works so that social workers can gain at least a rudimentary understanding of the relationship between biology, emotions, and pharmacologic action. Does Cohen believe that such knowledge is irrelevant to the "real" issue of medication abuse? How credible will social workers' efforts be to advocate changes in medication if they remain ignorant of the most elementary facts about neurobiology on which the discipline of psychopharmacology is based? It is hard to understand Cohen's rationale for wishing to suppress core knowledge for practitioners whose influence and independence from psychiatrists he wishes to promote.

Had Cohen quoted my writings more accurately, he would have acknowledged that I have long advocated a social work role in medication monitoring and client advocacy.[11] However, he chose to quote only one fragment of my work out of context as evidence that yet another social work author has played handmaiden to psychiatry's political agenda.

A final observation is in order. Cohen talks only of the iatrogenic effects of drugs. There is a growing literature on the iatrogenic effects of witholding medication for conditions for which medication has been shown to be the most (and in some case the only) effective treatment.[12] Social workers sharing Cohen's aversion to psychotropic medication have been guilty of such iatrogenesis since they often strongly influence decisions by clients to use or refuse medication.

Cohen envisions a Reaganesque evil empire in which heroes in a cosmic conflict combat psychiatric imperialism. A more fruitful evaluation of social work and psychotropic medication would involve weighing the risks and benefits of drug treatment, highlighting the wrenching dilemmas that practitioners and clients face (e.g., must a client be doomed to debilitating psychosis in order to avoid the horror of tardive dyskinesia) and noting the *potential* iatrogenic effects of all approaches to treatment.

Notes

1. David Cohen, "Social Work and Psychotropic Drug Treatment," *Social Service Review* 62 (1988): 590.
2. Ibid., p. 576.
3. Milton Greenblatt, Robert F. Moore, Robert S. Albert, and Maida H. Solomon, eds., *The Prevention of Hospitalization* (New York: Grune & Stratton, 1963); Thomas Detre, Jean Sayers, Nea Norton, and Harriette C. Lewis, "An Experimental Approach to the Treatment of Acutely Ill Psychiatric Patients in a General Hospital," *Connecticut Medicine* (October 1962); Harriette C. Johnson, *Behavior, Psychopathology, and the Brain* (New York: Curriculum Concepts, 1980), chap. 6, pp. 97–99.
4. Cohen, p. 578.
5. Ursula Gerhart and Alexander Brooks, "The Social Work Practitioner and Antipsychotic Drugs," *Social Work* 28 (1983): 454–60.
6. Cohen, p. 584.
7. Ibid., p. 579.
8. Ibid., pp. 578, 591.

9. Ibid., pp. 577–78; see n. 11 below.

10. Gerhart and Brooks, n. 5.

11. Johnson, *Behavior, Psychopathology, and the Brain*; "Psychotropic Medication" (letter), *Social Work* 29 (1984): 204–5; "Drugs, Dialogue, or Diet? Diagnosing and Treating the Hyperactive Child," *Social Work* 33 (1988): 349–56; Harriette C. Johnson and Edward J. Hart, "Neurological Disorders," in Francis Turner, ed., *Adult Psychopathology* (New York: Free Press, 1984), pp. 73–113.

12. For a discussion of this issue, see Johnson, "Psychotropic Medication"; "Emerging Concerns in Family Therapy," *Social Work* 31 (1986): 299–306; and "Biologically Based Deficit in the Identified Patient: Indications for Psychoeducational Strategies," *Journal of Marital and Family Therapy* 13 (1987): 305–11.

Author's Reply

Good Intentions Are Not Enough

David Cohen
University of Montreal

Harriette C. Johnson charges that my article on social work and psychotropic drugs contains untrue statements, sweeping generalizations, and distortions of her writings. I submit, however, that it is she who disregards the facts, uncritically accepts conventional positions, and systematically misconstrues my statements.

Johnson asserts that it is untrue that, as I claim in the opening sentence of my article, the phenothiazines were, prior to their introduction into hospital psychiatry in the mid-1950s, "obscure chemicals tested in the back wards." She cites two studies from 1961 and 1963 as evidence that "prototypical" trials involved patients in the community and other institutions. As documented in Judith Swazey's classic book, prior to the first report on the psychiatric use of chlorpromazine [CPZ] in May 1952, CPZ was known primarily as an antiemetic drug.[1] By November 1953, 8 months before it was marketed in the United States, CPZ had been tested on only 104 psychiatric patients in this country. The first published North American psychiatric study of CPZ, reporting on 71 chronic inpatients, appeared in April 1954. Eight months later, CPZ was being given to an estimated 2 million patients in the United States alone. By the time the studies Johnson refers to appeared, the use of CPZ was already widespread. Indeed, by the time the definitive, well-designed, large-sample controlled trial on the efficacy of CPZ, the National Institute of Mental Health (NIMH) Collaborative Study, was published in 1964, 18 million people in the United States and 50 million worldwide had received the drug, according to its manufacturer.[2] So much for "prototypical" trials. I should mention here that during the mid-1950s, the Food and Drug Administration (FDA) required evidence of safety only, not efficacy, in order to grant approval to market a new drug. In this connection, it is reasonable to wonder whether CPZ

introduced today, would make it through the FDA obstacle course. In any case, prior to their introduction, marketing, and extremely rapid proliferation in psychiatry, the phenothiazines that launched the psychopharmacological era were, as I wrote, "obscure chemicals tested in the back wards."

Johnson takes issue with another statement of mine, that "drug treatments were entirely developed in environments that justified a variety of physically damaging interventions to compel patients to conform to institutional life." The psychiatric ward of a major teaching hospital, where Johnson worked and where "patients had maximum freedom to come and go" would seem to qualify as a libertarian haven. Johnson's experience notwithstanding, state hospitals, where CPZ was first introduced, were the same environments that spawned the use of lobotomies, insulin comas, and shock treatment on thousands of forcibly confined individuals. As I stated in my article, and as Johnson recognizes, these treatments as well as brute force, isolation, physical restraint, and sedation constituted the major hospital therapies before neuroleptics arrived on the scene. It was well known then and it is well known today that these interventions were physically damaging and were used as a method of control and punishment. That the new medications were, in some or all places, "tried in a spirit of excitement and hope" does not alter the bare facts of my statement. But it does suggest that good intentions are not enough. That phenothiazines coexisted very nicely with these other vigorously promoted treatments for more than a decade and were then recognized as ideally suited to replace them suggests that we might look at how they met the overriding objective of administrators and staff of state hospitals: the orderly control of unruly inmates of crowded institutions. I made that point not to dwell on it or point an accusatory finger but to suggest that mental health professionals should seriously grapple with the question of the origins of, and original justifications for, modern psychotropic treatments.

Johnson writes that I assume that findings on the long-term effectiveness of neuroleptic treatment "generalize to the entire population of mentally ill persons." Even a quick reading of the relevant passage shows I am referring specifically to persons diagnosed as schizophrenics. But her criticism is really that I fail "to acknowledge the benefits of drugs to enormous numbers of people." I believe the situation concerning the benefits of psychotropic drugs in general and neuroleptics in particular could be summarized as follows: regardless of their claimed benefits, some patients do not like them at all; regardless of their claimed dangers, some patients find them very beneficial. In still other patients, drugs make no difference. These facts seem to disturb both pro- and antidrug advocates equally. Today, an increasing number of researchers in psychiatry, neurology, neuropsychology, and the social sciences are focusing on the many unwanted effects. Nevertheless, I believe that the contemporary literature is overwhelmingly biased in favor of the beneficial effects of neuroleptics, especially in regard to treatment of chronic patients, the one area where it seems to me and an increasing number of observers that neuroleptics are least beneficial. The adverse effects of neuroleptics, however, are just as real, observable, and predictable, though less often acknowledged, as the therapeutic effects. Furthermore, where iatrogenic interventions have become ritualized or institutionalized, they deserve etiological credit as pathological entities in their own right. I believe that mature professions must endure and actively seek out data-based criticism of all the iatrogenic dimensions of their helping activities. That my brief exposition of a largely neglected area in the psychiatric social work literature is perceived by Johnson as "a case against medication without reference to evidence that contravenes

[my] position," as "talking only of the iatrogenic effects of drugs," is, in my view, a measure of the overwhelming prodrug bias evident today, which I documented in my article.

Johnson's next criticism is, once again, a criticism of what she incorrectly reads as my statements. I described as "docile inmates able to respond to simple commands but relatively unable to initiate spontaneous conduct" the *first* psychiatric patients who received phenothiazines, not, as Johnson chooses to believe, "typical recipients of psychotropic drugs." The entire paragraph makes this abundantly clear, and my description is wholly accurate, even mild, compared to the descriptions offered by the pioneer investigators of these substances. Lehmann, credited with introducing CPZ to North America, first described its effects, in doses ranging from 100 to 800 milligrams daily, as follows "Patients receiving the drug become lethargic. Manic patients often will not object to bed rest, and patients who present management problems become tractable. Assaultive and interfering behavior ceases almost entirely. The patients under treatment display a lack of spontaneous interest in the environment. . . . They tend to remain silent and immobile when left alone and to reply to questions in a slow monotone. Some state they feel 'washed out,' as after a long illness, a complaint which is indeed in keeping with their appearance."[3] Anton-Stephens, author of the first British report on the psychiatric use of CPZ, used doses not exceeding 200 milligrams a day and described the following effects "*Psychic indifference*. This is perhaps the characteristic psychiatric response to chlorpromazine. Patients responding well to the drug have developed an attitude of indifference both to their surroundings and their symptoms best summarized by the current phrase 'couldn't care less.' In the presence of the fully developed response—even in the absence of any somnolence, the patient lies quietly in bed, staring ahead, unoccupied and showing little or no interest in what is going on around him. He answers questons readily and to the point, but offers little, if any, spontaneous conversation."[4] In addition, these investigators who worked a continent apart made the analogy between the observed effects of CPZ and those of lobotomy. "Chlorpromazine is of value in the treatment of pain associated with terminal carcinoma. The effect in these cases is probably similar to that observed following a frontal lobotomy";[5] "The picture [patients] presented and that sometimes encountered following a prefrontal leucotomy was independently made by several observers."[6]

Johnson's criticism is nevertheless worth following through. She feels that only "improper medication" makes patients into "zombies." Johnson knows that the dosages used in the studies I cited above are clearly in the "proper" range—indeed, they may be considered too low by several contemporary experts. The point is that Johnson should know that minimum effective doses for neuroleptics have still not been established. What actually constitutes "responsible" use of these drugs? The *AMA Medical Evaluations* states that effective maintenance doses may be less than 100 mg/day [CPZ equivalent] in many patients. Thus a constant reduction in dose should be attempted when establishing the maintenance level.[7] I compare this authoritative recommendation with findings from a recent study on changes in neuroleptic dosages to schizophrenic inpatients over a decade, in a general hospital psychiatric unit, a community mental health center, and a state hospital (all affiliated with medical schools) which confirms a significant escalation of neuroleptic dosage. The mean daily dose doubled at each center between 1973 and 1982. In the CMHC where it was lowest, it went from 546 milligram CPZ equivalent in 1973 to 1,064 milligrams in 1982.[8] According to the authors, "it is clear that the marked increase in dosage that we found in these three hospitals, which presumably is representative of practice in similar institutions, was not the result of a

change in clinical practice based on new research data."[9] Indeed, if anything, the increase occurred in spite of draconian warnings from researchers, clinicians, and professional associations concerning adverse effects and specific recommendations that neuroleptics be prescribed conservatively. This study is not conclusive, but is Johnson ready to entertain the notion that "improper medication" might actually be the norm today?

Next, Johnson says that I "summarily dismiss a massive body of evidence on the biological substrates of schizophrenia and other mental problems." I am afraid her journalistic summary is not in accord with my reading of the evidence, which leads me to conclude that after 30 years of efforts in the same direction, (1) we know of no indisputable biological etiology of any mental problem, (2) we have no biological marker specific to any mental problem, (3) we cannot confirm diagnoses biologically, anticipate an evolution in clinical course, nor predict response to a drug, and (4) we do not know the exact biological substrates of the effects of psychotropics. Again, however, the context of my remarks concerning biological theories does not justify Johnson's inaccurate portrayal. First, I deplore the tendency to interpret more deviant behaviors as symptoms of subtle brain diseases. Second, currently available biological evidence on the heterogeneity of schizophrenics should suggest extreme caution in the prescription of neuroleptics to all schizophrenics, especially to chronic schizophrenics—those who, by definition, do not respond as well to drugs.

I am then criticized for "implicating families in pathogenesis," a view "guaranteed to offend a large nationwide consumer movement spearheaded by the National Alliance for the Mentally Ill" (NAMI). I regret to offend anyone, but I see no reason to deny familial or parental responsibility for some of the problems we call mental disorders. The evidence that bad childhood experiences (neglect and abuse) have long-term, far-reaching, and often damaging consequences is hard to deny. For fiscal year 1990, NAMI is actively lobbying for "at least a $500 million research budget for NIMH, with a special emphasis on brain research."[10] There is nothing wrong with any organization lobbying for brain research, but the fact that the schizophrenia-as-brain-disease contention pleases those who do not suffer from the alleged disease more than those who supposedly do raises interesting questions about the meaning of schizophrenia.

Finally, Johnson accuses me of "wishing to suppress core [biological] knowledge for practitioners." It appears she is led to state this and to pose strange rhetorical questions about my alleged position because she is not happy that I refer to her chapter on the biological bases of psychopathology as including only a single line on adverse drug effects. Though my assertion is true, it is a "distorted presentation," she states, because the purpose of her exposition was to explain how the brain works, something quite different from the topic of adverse drug effects. As a matter of fact, Johnson's chapter includes a number of long passages expounding on the therapeutic effects of neuroleptics, with such assertions as, "Symptoms suggested by Bleuler as the fundamental signs of schizophrenia—autism, flat affect, and thought disorder—respond extremely well to treatment with these drugs,"[11] and "Pharmacologic agents used in treating schizophrenia do not act globally to quiet patients. They have specific antischizophrenic effects related to certain biochemical processes within the brain."[12] Johnson's chapter is testimony to the fact that social workers can and should write about biology. But does Johnson realize that when she writes a "neutral" sentence such as, "Drugs used to treat psychiatric disorders may act either to inhibit release of a transmitter or to block its reception by the postsynaptic neuron," she touches at the heart of the chemical bases of the various neuroleptic-induced extrapyramidal symptoms?[13] This needs to be

stressed. Major adverse effects of currently used neuroleptics are inextricably tied to their therapeutic effects (attributed at least partly to their blockages of dopamine transmission), those very effects that have provided the impetus for Johnson and others' study of the biological bases of psychopathology. This is also "core knowledge," "a real issue," and completely unrelated to medication abuse. I find it, therefore, quite revealing that Johnson believes that discussion of adverse effects belongs not in an exposition on the brain and the effects of various biological treatments, but in a discussion on "the pros and cons of drug use." When Johnson writes in her chapter that "The phenothiazines have had probably the most far-reaching effects in improving the conditions of schizophrenics," she certainly does not even hint at "evidence that contravenes her position."[14] That a description of adverse drug effects can only be categorized by Johnson as an argument against drug use is telling evidence of her own biases. In any case, I leave it to readers to decide who, if anyone, is guilty of "wishing to suppress core knowledge for practitioners."

I respect Harriette Johnson's work. But her good intentions, anecdotal evidence, and fondness for allegory leave me unimpressed. I agree with her that we need to "weigh the risks and benefits of drug treatment." Unfortunately, we still do not know much about the risks, though I dare say we have fully catalogued the benefits. How much of the proposed NIMH $500 million research budget will be devoted to research on alternatives to drugs? To weigh risks and benefits, we must also understand the incentives of the various actors involved in the prescription of drugs (professionals, patients, families, drug companies, and society), and which of these actors takes most or all of the risks and bears most or all of the costs. There are no heroes and there is no cosmic conflict. But there are many mental patients who bear very high costs of drug use, and many professionals with good intentions who minimize this fact and remain quite slow in coming to grips with it.

Notes

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Book Reviews

Behavior, Bias, and Handicaps: Labeling the Emotionally Disturbed Child. By Judy W. Kugelmass. New Brunswick, N.J.: Transaction, 1987. Pp. 162. $34.95 (cloth).

Because categorizing or typing a student may well seal a child's educational and emotional fate, it is one of the crucial tasks undertaken by professionals that is often legitimately feared by the parent. Labeling children, which continues to be a concern of professionals and parents, is the subject of this interesting and thought-provoking study.

Kugelmass studied schoolchildren who did not fit the educational mold and compared the relationship between their race and socioeconomic status and the likelihood of being labeled by the system "severely emotionally disturbed." She focused on one school in a fictional northeastern city called Lakeside with a 94 percent black student body in which over half of the children lived in single-parent, female-dominated households that received some public assistance.

The growth of the black community in Lakeside from the 1950s set the stage for what seemed to be inevitable changes in the school district and in the Evers School (another pseudonym) in particular. Kugelmass relates how some of these changes became officially legitimized with the passage of the Education for All Handicapped Children Act of 1975 (P.L. 94-142). Declaring behavior "deviant" became an acceptable route by which to remove a child from a classroom. This led to an overrepresentation of blacks and males in special programs.

Evers School eventually came to house, among its other facilities, the Education Center, a program for students considered to be "severely emotionally disturbed." Children referred to this special program had exhibited behavior not tolerated in their home schools. At Evers itself, it is interesting to note, almost all children whose behavior was similar to that of students in the Education Center remained in the mainstream. The difference in the referral rates seems to have resulted from more than just a better cultural understanding of the students by the Evers staff (though that was something of a virtue). There appears to have been at least an implied racism on the part of personnel from the other schools because they were unable or unwilling to look beyond the manifest behavior of the child.

Though there are many potential factors, Kugelmass feels strongly that some of the gratuitous labeling by educators and mental health professionals

is due to racial stereotyping. Black children, on the one hand, are not expected to perform well academically, so their difficulties in the classroom are usually attributed to emotional "illness," not "learning disabilities." White, middle-class students who display the same behavior and levels of academic performance, on the other hand, are said to be showing disabilities in their learning. (This is not to laud the learning disabilities programs either. One gets the sense that they do best with students who need them least.)

Assigned to the "mentally ill" track (for that is substantially how they conceived it), which tends to focus primarily on behavior control, black children "prove" to the system's satisfaction that they never had much educational ability. With no special emphasis on learning, they slide farther and farther behind and eventually drop out of school after years of frustration and wasted potential.

Kugelmass believes that stereotyping is not necessarily the result of malice. School personnel are not usually part of the community in which they work and thus often feel no real commitment to the children. They may not know the area, may not like it, or may be fearful of entering it. Sensing the discomfort of school personnel, students and parents may respond in kind.

Kugelmass makes a legitimate plea for an ecological perspective. When school personnel are familiar with a community and its culture, she argues, the behavior of a child in a classroom is much more readily understood. Clearly, there are explanations other than "mental illness" for how a child acts. He or she may not know the rules or may be caught between conflicting (perceived) demands of school versus the community. Also, stressful life circumstances can play a crucial part in what a child does or does not do.

Instead of becoming angry or feeling intimidated by a child and requesting special placement, putting a student's actions in context is the first and most appropriate step. Kugelmass uses examples from her observations and interviews to show how a narrow view of the child easily becomes an invitation to negative labeling. It is the ecological perspective that would make it "difficult to label any child as emotionally disturbed" (p. 149).

In addition to the teacher, other professionals are involved in the labeling. The book cites chilling examples of this process in action. It was painful to read about the school social worker who, because of her unfamiliarity with the students, her anger (perhaps the result of feeling helpless and vulnerable), and, worst of all, her overwhelming frustration, verbally and physically abused a child (pp. 87–88).

The final conspirator in the labeling process was the psychiatrist assigned to deal with the students in the Lakeside school district. His arrogance and racism are reflected in his distorted theoretical views and his destructive behavior with the children (pp. 71–72 and 107–9). He is at the top of the labeling system. His views determine who is labeled and why. Although other staff members apparently disagreed with his ideas, it was the psychiatrist who prevailed. Kugelmass uses her recorded notes effectively in pointing out the damage that can be done when a single, strong program administrator has such complete power to determine a child's future.

The abuses exhibited by these professionals are unacceptable. One wonders if any self-monitoring was built into the Lakeside system to control and correct such flagrant displays of racism and abuse. This issue was not studied or described by the author. Her book, of course, is an ethical response and the visible product of her concern. But beyond that, did she feel any ethical responsibility to report the observed abuse to the proper authorities and professional organizations? I would like to have seen a discussion of her moral dilemma as a researcher.

Kugelmass's research points to one issue often overlooked by the professional who has diligently evaluated a child and recommended special placement: does the child, in fact, receive the needed services? In Evers, she found that, whether in a special program or a regular classroom, all children were treated similarly. Here, then, is an issue to consider as ethical practitioners. Fewer learn than should. Public education is often inferior. Placement is shameful because it is not "special" in any constructive sense of the word.

In an important way, moreover, the very success of the educational program at Evers (the fact that children were not removed from the normal classroom) should itself be a source of concern.

The teachers at Evers, at least, had achieved an understanding of the child's behavior unlike that found at other schools. They did not feel threatened or personally offended when a child misbehaved. The child's actions were understood in the context of his or her socioeconomic status. Contact with parents and reading then-current literature on the "culture of poverty" led the teachers to believe that socialization meant controlling overt behavior. Parents taught control as a survival tactic; teachers adopted it in their roles as surrogate parents.

The primary objective of the Evers School was to control behavior. This was done using a strict behavior modification program. An equally stringent learning program, Distar, was employed in which the basics in reading and math were taught in rote fashion. Control was all too ably implemented.

Because no enrichment programs or other teaching strategies were used, the children began falling behind by fifth grade, when more creative and independent thinking became important. What was supposedly useful at Evers is not necessarily usable later in a "white" world in which assertive and competitive behavior is necessary for success. Controlling the black child and making such a virtue of it seemed just one more way of making him or her both non-threatening and ineffectual.

What is needed is more and better parent-teacher involvement in education. Rather than controlling the overt behavior of children, productive and appropriate activities and attitudes associated with success should be shown to them.

In Kugelmass's conclusion, she mentions the total lack of parent involvement in any of the planning at Evers. It stands to reason that when parents are more involved in their child's education and in the school itself, there is more trust between parent and teacher, which often helps the child accept the learning process.

It was surprising that Kugelmass failed to mention those who have experimented with changing the atmosphere of the school by increasing the involvement of parents and students in directing educational programs. James Comer of the Yale Child Study Center, for example, produced the School Development Plan along these lines. Established in 1968 at two elementary schools in New Haven, it has been so successful that it is being adapted for schools throughout the country (see his *School Power* [New York: Free Press, 1980]). The populations served were very similar to the one studied by Ms. Kugelmass.

Comer stresses the relationships between and among students, teachers, and parents. He has shown that understanding child development and responding to emotional and relationship needs are critical to modifying behavior and promoting learning.

Big-city school districts like those of Chicago need major change. Parental involvement as well as an ecological understanding of the child would bring some exciting and hopeful alternatives to a system in serious decay.

Reading *Behavior, Bias, and Handicaps* will surely heighten the professional's sensitivity to the damage done to future generations of children who do not "fit." The author has no easy answers but she forces us to think about where we are headed.

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Working with Children and Adolescents in Groups. By Sheldon D. Rose and Jeffrey L. Edelson. San Francisco: Jossey-Bass, 1987. Pp. 384.

This intermediate book on structured group work is very informative, extremely well organized, and clearly written. The authors set out to present a "multimethod" approach to work with groups that "links procedures into a general problem-solving paradigm" (p. xi). This goal is met with a clear theory base and myriads of examples of specific techniques.

The preface not only states the goals but then also gives summaries of each chapter. This provides the reader with a beginning outline from which to choose specific topics and knowledge of what lies ahead. The "multimethod" approach described in chapter 1 suggests a blending of problem-solving, modeling, stress-reduction, behavior-change, and group and cognitive approaches (pp. 20–22). The approach is highly structured with active intervention by the worker to affect interpersonal, problem-solving, cognitive and affective coping" (p. 6). Chapters 2 and 3 intensify the discussion of the first two phases planning and orientation. Assessment, intervention, and generalization are covered in later chapters. Chapter 4 discusses measuring progress, and is followed by several chapters on specific techniques, goal setting, modeling, operant control, stress management, activities, problem resolution, use of homework, and generalizing. Chapter 13 is a case example.

On the whole, the book is readable and well presented. Each chapter makes good use of the literature. There is some repetition, which, though it is occasionally annoying, allows each chapter to stand on its own. This book can be a valuable resource. The 21-page bibliography is somewhat daunting, and about one-third of the readings are over 20 years old, yet they demonstrate the depth of theory building that led to this "how to" resource.

One major concern about this book is the lack of differentiation of techniques between children and adolescents. Only in the examples is there acknowledgment that 7-year-olds function very differently than adolescents. Most of the ideas were relevant for older latency children and young adolescents. It is up to the reader, then, to adapt any suggested interventions to a specific client population. The same is necessary for work with children and adolescents of different ethnic and economic groups and different physical, emotional, and mental makeups. Perhaps we should see the material as most relevant for relatively intelligent, verbal, middle-class youngsters and adapt it as needed to other clients.

This book does not attempt to deal with other types of groups that may function with young people. It presents a well thought out, organized proposal for structured group work with children and adolescents, which should work particularly well in schools and in some residential facilities. The understandable theory base, specific examples, extensive readings, and push for ongoing

progress evaluation is a unique contribution to the field It will remain a book on my resource shelf for some time to come

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The False Promise of Administrative Reform: Implementing Quality Control in Welfare. By Evelyn Z Brodkin Philadelphia Temple University Press, 1987 Pp 196. $29 95

In 1979, the Massachusetts Department of Public Welfare initiated a collection of administrative policies designed to reduce errors in administration of the state's Aid to Families with Dependent Children (AFDC) program The policies were implemented by a new department director, John D Pratt, Jr , who had been appointed by a new governor, Edward J King King had campaigned for office in the preceding year on a platform that promised, among other things, to pursue a hard line against "welfare chiselers" and to cut welfare spending in the state by $250 million This book is about the mode and consequences of the King-Pratt reforms

Professor Brodkin argues that the Massachusetts reforms may be taken as a case study of the ground-level consequences of a reform strategy that evolved after attempts at legislated welfare reform in the Nixon era had failed When Congress rejected the Family Assistance Plan (FAP), the Nixon administration turned to a managerial strategy to pursue welfare cost containment The centerpiece of this managerial strategy was a system for regulating state AFDC operations through quality control audits and financial sanctions Beginning with the Nixon administration and carrying through the Ford and Carter years, the Department of Health and Human Services (DHHS) pushed a plan for levying fiscal penalties against states based on results of audits of eligibility decisions and payments for a random sample of cases DHHS used the quality control (QC) audit to exert pressure on states to tighten welfare operations in two ways. The first was financial DHHS threatened to charge the states for sample-based estimates of all federal costs associated with eligibility and payments errors The second was scandal the error rates discovered in the QC audits were highly publicized At least superficially, the federal strategy was very effective Between 1973 and 1981 AFDC payment error rates (federal estimates of overpayments and payments to ineligible persons as a percentage of total payments) declined from 16 5 to 7 4 percent nationwide

At the time of the King inauguration, the QC error rate for AFDC in Massachusetts rivaled the pollution of Boston Harbor as a symbol of government incompetence. The QC audits for the first two quarters of fiscal 1979 revealed an error rate of 24 8 percent Commissioner Pratt made reduction of error — as defined by the federal QC audit procedures —the centerpiece of his managerial reform. The results were, by any administrative standard, astounding In one year, the error rate was cut to 8 2 percent, and it subsequently fell so low that the state was no longer liable for federal f[illegible]l penalties But Brodkin argues that the administrative blitzkrieg that produced this victory was conducted without regard to effect on the client population [illegible]rors were reduced, in the words of one of her interviewees, by institutionalizing "a highly structured

and controlled system of normal practice" (p. 62). This system "deprofessionalized" client intake and led to overemphasis on procedural detail at the expense of responsiveness to need The change produced a shift from a standard of "presumptive eligibility" for applicants to a standard requiring detailed proof. While appearing politically neutral, emphasis on management reform, in fact, involved a significant policy choice "Quality control was not a neutral management tool," the author argues, "but . an instrument for achieving particular political objectives. Moreover, it had the potential for influencing state agencies, indirectly, to trade errors of liberality for errors of stringency in reforming their administrative procedures to maximize quality control performance" (p 45) This was, she claims—on the basis of over 75 interviews with various participants—precisely what happened in Massachusetts

False Promise is an important and useful book It addresses the significant role of administrative practices in defining welfare policy outcomes It contains good stories from the front, and it should fuel continuing debate about how income maintenance systems should be designed and administered Like any good policy book, there is plenty here to agree with, but there is also much that is controversial Because controversy is the grist of book reviews, I concentrate on the things I doubt

First, Brodkin puts too much stock in the merit of "comprehensive welfare reform" initiated at the federal level From her perspective, legislative failures to enact sweeping welfare changes are clearly examples of the "disorganized policy paralysis" predicted by scholars who proclaim the failure of American political institutions to produce "coherent and responsive national policies (p. 16) She suggests that the discretion granted by welfare legislation to state and local authorities "appears more the product of logrolling and compromise than of authoritative decisionmaking" (p 19) The "false promise of administrative reform" is that it will accomplish what needs to be done In contrast to comprehensive reform, "the administrative alternative described here was necessarily indirect and incremental in order to remain relatively invisible This implies limits on the state's capacity to respond to problems of great magnitude and immediacy" (p 113).

There is another school of thought, generally unrecognized by Brodkin that suggests that the "failure" of "comprehensive welfare reform" efforts in the Nixon and Carter administrations may be less the result of congressional paralysis than of congressional good sense She fails to question the Nixon administration's characterization of FAP as a welfare cost-control effort, nor does she seem aware that the Carter administration's Program for Better Jobs and Income would probably have been a nightmare to implement Of course, AFDC regulations seem complicated and cumbersome, but what is the standard for complexity? It may be that AFDC regulations look bad only because we have never seen the operations manual for "comprehensive welfare reform And what is the constituency for the "authoritative decisionmaking" that excites her fancy? As best we can tell, the public inputs to Congress on these issues rarely involved calls for "comprehensive" reform, rather, the message seems to be to cut costs and to require work

Second, it is difficult to understand Brodkin's depiction of the consequences of the QC reforms for the behavior of welfare eligibility workers and case workers. She acknowledges a substantial debt to Michael Lipsky's work on the consequences for policy outcomes of the behaviors of the street-level bureaucrats who do the job (Michael Lipsky, *Street-Level Bureaucracy The Dilemmas of Individuals in Public Service* [New York: Russell Sage, 1980]). Lipsky's stories have to do with how these people can radically reorient policies The author claims that the consequences of the QC policies "were generally unnoticed and un-

opposed because [they] occurred as the by product of manifestly desirable 'improvements' in welfare delivery and the apparently uncoordinated activities of thousands of street-level bureaucrats in hundreds of local welfare offices" (pp 4–5). But despite this characterization, the reader is impressed by how profound the consequences of Washington's QC policies were for behavior at the ground level of welfare operations If anything, this story should give heart to those who despair of finding ways to structure incentives so that the agents of welfare policy behave in ways consistent with the intent of policymakers In Brodkin's judgment, it can be done when the goal is to be more punitive And this may mean that there are possibilities as well for making the system more sensitive to the needs of clients, though one seeks in vain to find them in this volume

Third, the book is weakened by a serious problem of timing It is clear that King and Pratt went after sloppy welfare administration with a vengeance, and the shock had profound consequences for the Massachusetts Department of Public Welfare Surely it takes time for reforms of this magnitude to be worked out and absorbed in departmental procedures Most of the horror stories cited by Brodkin occurred during the period of significant disruption But this is precisely the period in which the struggle for implementation would appear to the observer to be dangerously tipping the scales of agency objectives toward stringency Tipping back is to be expected Has it occurred?

In several places, the author touches on but does not explore a critical hypothesis This might be termed the "Taxpayers Like Tight Ships" (TLTS) hypothesis The notion here is that the supply of public assistance is a function of, among other things, taxpayer perceptions of the worthiness of recipients and the real cost of provision The better administered a program is and the more certain taxpayers are that those who receive assistance are, in the words of a recent president, "truly needy," the more they will tolerate giving TLTS is not a popular hypothesis among social welfare professions, for, among other things, it implies both taxpayer sovereignty and, in consequence, the notion that, by and large, the welfare system we have is what the public wants Furthermore, it says that the foundation of political entrepreneurship in the welfare area is public confidence in the integrity of the administrative system and the worthiness of those dependent on it The TLTS hypothesis may be nothing more than a cloak for stinginess and racism, it is interesting that virtually every major figure in Brodkin's story appears to believe in it Welfare Commissioner Pratt, for example, "contended that efforts to liberalize benefits and expand services would fail to win support until the public was satisfied that tax dollars were not being squandered by a wasteful, sloppy bureaucracy" (p 60). If the TLTS hypothesis holds, the trade off being addressed has three, not two, dimensions Generous welfare without administrative stringency may be politically unsustainable How important were the administrative reforms of 1979–80 for gaining political support for the substantial infusion of state money necessary to run the Massachusetts Employment and Training Choices program, the state's imaginative and liberal workfare system?

Finally, in places the argument needs more technical insight and detail The author never stops to consider whether the QC sample is large enough to support the inferences drawn from it Unless I have the central limit theorem wrong, whatever the sample indicates about a state's error rate, there is a 50 percent chance that the true figure is lower The [illegible]thor can cite no instance in which DHHS was actually able to collect a sa[illegible]le-based penalty A great deal is made of the failure of the quality control [illegible]ocedures to pursue cases in which underpayments occur or persons are wrongly denied benefits, for the author, the underpayments cases are symmetrical with the overpayments

cases that receive so much attention. But even for us "good people," it is far more difficult to come up with a way of estimating the volume of underpayments than the volume of overpayments because estimating underpayments would require a comprehensive household survey of persons not receiving welfare. Some of these have never even applied. Should a state be penalized for the reticence of its citizens? It is apparent that administrative reform brought an increase in closures attributable to "failure to comply" with welfare regulations in Massachusetts. Some of these failures undoubtedly reflect pointless stringency, as the author emphasizes. But failure to comply with, for example, earnings-reporting requirements in my experience also often signals the fact that the recipient has acquired, or is unready to reveal, a job. Stringency in reporting requirements catches such employment earlier.

These reservations should not be exaggerated. The central issue addressed by this book is an important one: what is efficiency in the provision of public assistance? Reforms like quality control are treated by proponents as efforts at improving what economists term "X-efficiency," getting more of everything for less. But the efficiencies accomplished in improving quality control involved changing objectives as well. That is a matter of politics, not economics. Sweeping political choices under the rug of efficiency does not really make for a clean house. In pulling back the rug, Brodkin reminds us that the job of welfare reform is hardly done.

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